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EDITORIAL COMMENT

ARE NURSES SELF-SEEKING?

A WAVE of indignation that threatens to break down a carefully built up tradition of loyalty to the older profession of medicine is sweeping through the ranks of the nursing profession. Can it be that many elements of the great profession of medicine expect so false a situation as that of a loyalty which is not reciprocal,—and by loyalty we mean an intelligent and sympathetic coöperation and support of that which is good,—to continue? The article "Wanted, 100,000 Girls for Sub Nurses" based on an interview with Dr. Charles H. Mayo, in a recent periodical, has given rise to much destructive comment on nursing in the daily press. Dr. Mayo is quoted as follows: "The nursing union has come to be the most autocratic closed shop in the country" and is further quoted as believing that nurses have lost sight of the primary impulse of the profession,—the alleviation of the pain of the world. Is it possible that the world has so quickly forgotten that it was because of the coöperation of the American Nurses' Association (we assume this to be the "nursing union" referred to) with the American Red Cross that made possible an almost instant mobilization of our nurses for service in the World War? American and allied ex-service men have cause to bless the organizations that functioned so smoothly at a time when nations reeled under the shock of the greatest cataclysm in all history.

And what of the conditions following the war? Is it reasonable to suppose that every nurse could escape the "moral demobilization" that has caused those who see and think clearly in all walks of life such grave anxiety? With a veritable orgy of "making and spending" going on about them it would have been little short of miraculous had a few not succumbed to the temptation of over-charging. Is it just to arraign a whole profession for the misdeeds of a few? The American Nurses' Association, (and here the whole analogy of the union breaks down), has never attempted to regulate charges for professional service. Local conditions govern these just as local

conditions govern the cost of living,—for nurses as for all other members of a population. The National organizations for nurses are all deeply concerned to maintain educational standards commensurate with the very great responsibilities, including the protection and preservation of human life, which are laid upon all, and, we believe, conscientiously assumed by the majority of its members.

The so-called "white-cap famine" has been due to an increased demand rather than a decreased supply of graduate nurses, as shown by the figures of the American Hospital Conference, which show a steady increase from 1916, when 9,573 were graduated from accredited schools, to 1920 when the total reached 11,972. Many schools are now reporting the largest enrollment of their history, which seems sufficient proof that the exceedingly limited enrollment of the last few years was due to an economic condition over which nurses certainly had no control rather than to high entrance requirements. One of Dr. Mayo's statements (we hope he was misquoted) leaves the impression that most states make the completion of a high school course their entrance requirement. It is remarkable that one who is not only a great humanitarian but also a great scientist did not verify the facts. Most states do require *some* high school education, but only a very small minority require the completion of four years of work. The appeal for 100,000 country girls to become sub nurses seems rather a gratuitous insult to the intelligence of the country girl. Are they not entitled to the educational opportunities of their urban sisters? Is it not true that the industrial opportunities of cities tend to attract at the earliest legal age many young women of the type who continue in the high schools for varying periods in the smaller centers? The appeal of the articles under discussion is most sincerely intended to be a humanitarian one. Nurses must face the issue squarely. Is it humanitarian to prepare sub nurses (meaning cheap nurses) for people of moderate means? Are we meeting the insistent demand for more extensive care of the sick in the most constructive fashion by maintaining a relatively high educational standard for the nurse by a wide extension of courses in "Home Care of the Sick," and by preparing a second group of workers, to be known as attendants, which will supplement, under supervision when necessary, the nursing service? Many of the best minds in nursing, and they are truly humanitarian, believe that only in this way can we really protect the nurse-employing public from a graver form of exploitation than has yet occurred. As this JOURNAL goes to press we await with keenest interest the next article in the *Pictorial Review's* series on nursing, which was written, upon request of the Pictorial, by the President of the American Nurses' Association.

MINNESOTA'S CONTRIBUTION

Athwart the gloom of an almost morbid emphasis on the "shortage of nurses" (rather than on the increased demand) comes the following message from Dora M. Cornelisen, Secretary of the Minnesota Board of Nurse Examiners. "We have so many applications for examination in October that it is necessary to hold a second examination in December, as we did not want to ask any to wait over until April. We are proud of our young women and are surely doing our part toward supplying the demand."

MOUNT HOLYOKE DESIGNATES MISS GOODRICH "DISTINGUISHED EDUCATOR"

Nurses everywhere will rejoice over the richly deserved honor that has recently been bestowed upon Miss Goodrich and fittingly expressed in the following terms by Mount Holyoke College:

Annie Warburton Goodrich, distinguished educator and one of the foremost members of the nursing profession—we honor you today for arousing the public to higher educational standards for nurses, for stimulating their responsibility for the health of communities and for exerting an uplifting influence upon the members of your profession throughout the country.

By authority of the Board of Trustees of Mount Holyoke College I confer upon you the honorary degree of Doctor of Science and admit you to all its rights and privileges.

We, who have the good fortune to be contemporaries of Miss Goodrich, know well the beneficent and inspirational influence she has exerted upon the whole profession. Who, that has listened to her pleading for better teaching in the care of children, in the care of the mentally ill, for higher standards in all nursing education, and for an extension of nursing service to all those in need, has not gone forth imbued with a loftier concept of the privileges and obligations of nurses? To few women in any walk of life have been given in such measure the intellectual power of seizing and developing new ideas and the emotional power of expressing them with enthusiasm and conviction, and coupled with these, an amplexness of spirit and the quality of heroic devotion characteristic only of those who are born to lead. Nurses have long recognized the rare quality of Miss Goodrich and the commanding position she occupies among those who are struggling for the betterment of the world. It is heart warming to learn of a great educational institution expressing appreciation in terms of such distinction.

Upon the same day the Army Nurse Corps was also honored. Major Julia Stimson, Director of the Corps and Dean of the Army School of Nursing, already distinguished for her academic and

professional attainments, was awarded the honorary degree of Doctor of Science.

ALUMNAE SUPPORT SOUGHT FOR NATIONAL HEADQUARTERS

In the past three years 4,500 nurses have been placed and 850 hospitals have been assisted in filling vacancies by the Bureau of Information established by the Red Cross in coöperation with the three national organizations. The Bureau became a part of the coöperative plan at our National Headquarters. Feeling that its post-war obligation had been fulfilled, the Red Cross withdrew its financial assistance (after giving due notice) July 1, 1921. As it seemed desirable to continue the placement service, which has so much to offer nurses and those employing them, the national organizations assumed the whole financial burden. The National Organization for Public Health Nursing has made itself responsible for the placing of public health nurses and has circularized its membership asking for individual support. The American Nurses' Association and the National League of Nursing Education have sent letters to the superintendents of hospitals and to alumnae associations urging them to assist in this important service which is of such mutual advantage. The work at headquarters, which has almost boundless possibilities as a clearing house for all sorts of nursing information, cannot grow to full stature without such support, temporarily at least. Responses have already been fairly generous inasmuch as many associations are only now getting well under way with their winter work, but the \$2,000 contributed is not nearly enough. Alumnae Associations which have not already taken action are urged to give the matter prompt consideration to the end that their own subscriptions may be assured and that their hospitals may be stimulated to respond. Individual members of the National Organization for Public Health Nursing have contributed twenty-seven hundred and twenty-five dollars for support of placement work of the National Organization of Public Health Nursing. The National League of Nursing Education, in addition to participating in the joint appeal with the American Nurses' Association for support of their Placement Bureau, has also prepared the first of what promises to be a most attractive and valuable series of historical calendars, the proceeds to be devoted to the support of national headquarters. A description of the calendar is given elsewhere.

WHAT ARE NURSES DOING TO HELP CONTROL COMMUNICABLE DISEASE?

With a relatively small number of hospitals equipped to give training in the care of communicable disease it is perhaps not

altogether surprising that many nurses fail to recognize their obligation to take an active part in the educational campaign that must be waged if preventable disease is to be stamped out. But does this really release us from our obligation? Boards of Health and the Federal Public Health Service are constantly putting out literature in their efforts to keep those interested up to date. The *Journal of the American Medical Association* quotes Professor Winslow on one type of communicable disease as follows:

We possess a more complete knowledge of diphtheria and a more complete power over diphtheria than in the case of any other communicable disease. We can detect the incipient case and the carrier. We can measure natural immunity by the Schick test. We can produce passive immunity by the use of antitoxin and active immunity by the use of toxin-antitoxin mixture.

Every weapon which could be needed to fight this enemy is in our hands, yet diphtheria continues to occupy third place among the communicable diseases and kills eleven or twelve thousand persons in the registration area each year.

Here, at least, is one campaign in which nurses may help by rousing an inactive public to greater interest. Through the coöperation of various agencies in New York City, 52,000 school children were, between February and June, given Schick tests and those having a positive reaction were immunized by toxin-antitoxin injections. Every ex-service nurse, at least, knows the value of protection against typhoid and yet students in some of our schools are still contracting typhoid "in line of duty." How many private duty nurses are warning parents against the danger of letting children have the "catching diseases" while they are young? How many know the awful sequelae to which Mrs. Parks refers in her article on Technic? How many know the danger of carriers,—that a "cured" diphtheria case may long harbor bacilli in a discharging ear and thus menace his fellows? Can we not increase our own knowledge to the end that our influence for better health may be more strongly felt?

AMERICAN RED CROSS NATIONAL CONVENTION

From its opening on October fourth to its culmination in Ruth Mougey Worrell's great pageant on Friday night the convention's programme and exhibits were filled with interest. All of the many phases of Red Cross work, from that of the Juniors to that of Foreign service, were represented and discussed. Nurses may well be proud of the important part they contribute to any Red Cross programme, whether it be for war or peace, disaster relief or for health. Comparatively few nurses were on the programme but speaker after speaker, whether Chapter or headquarters worker, emphasized the importance of the nurse, particularly in the great peace time

programme of the Red Cross. No exhibits attracted more attention than the admirably executed "First Aid" and "Home Care of the Sick" demonstrations which were given at intervals. An entire editorial could profitably be devoted to the increasing emphasis on the value of the "home care" courses. The few nurses on the programme made notable contributions to it. Miss Goodrich was at her inspirational best in giving her message on an extension of nursing education. Miss Wald told the story of the Rural Nursing service,—first made possible by philanthropic gift,—which has now grown into a nation-wide public health service. Miss Alice Fitzgerald of the League of Red Cross Societies, brought the message that the world is looking to American nurses to establish schools for nurses in countries less fortunate than our own.

Although it was impossible to complete the arrangements for the nurses' luncheon as planned, some 400 nurses who attended the meetings had many satisfying reunions. The Columbus Enrollment Committee headquarters was a hospitable center for informal gatherings. Here Miss Noyes, Director of the Nursing Service, met many nurses and the afternoon tea served daily proved a refreshment to many workers other than nurses.

The brilliantly conceived pageant was based on the historical development, beginning in Biblical times, of the symbol of the Red Cross. The successive episodes beginning with that of the Good Samaritan, down through the ages in which were developed the Crusaders, the Hospitallers, the Monks and Nuns of the fifteenth century, were carried out with much attention to detail. Applause greeted the appearance of Florence Nightingale and "The Angel Band." Henri Dunant, originator of the international Red Cross idea, walking alone, gave food for thought on the subject of personal influence. The World War episode, shown in a greenish light such as we are told was characteristic of that over the trenches in France, was poignantly realistic, showing all too plainly the horrors and the heroisms of the field. "Every person in this episode gave during the War the service represented" from the soldiers in their "tin hats" to those who served as nurses, canteen workers, knitters, or in other service. The two hundred nurses taking part were in Army and Navy uniforms, overseas duty uniforms, or the familiar white of the camp hospitals. Part Three of the Pageant gave opportunity for the representation of every branch of the Red Cross service we know today, and closed with an ensemble which massed all the hundreds of participants in a brilliant throng. The director of the pageant publicly gave the people of Columbus much credit for the arduous efforts that made it possible to produce the pageant in the short period of one month.

TWO NOTABLE WOMEN

In the September JOURNAL we noted briefly the news which had just reached us of the death of Miss Dolliver. In this issue we are able to give the sketch of her life, and the words of appreciation, for which we have been waiting till all could be assembled. At the same time there reaches us news of the death of one of the foremost Canadian workers, Miss Stanley of the London Hospital. Both women are among our earliest workers and are those whom we can ill spare,—women of fine instincts, upright and strong in character, having great and lasting influence over the nurses who were so fortunate as to be trained under them. Miss Dolliver's work was done in Boston and in New York City; Miss Stanley's was in Baltimore, North Adams, Mass., and finally in London, Ontario. Both have done pioneer work in building up schools of nursing on right lines, and both were active in the early work of our national organizations, here and in Canada. Miss Stanley was honored at the last convention of the Canadian National Association of Trained Nurses by being made an honorary member.

One of Miss Maxwell's comments on Miss Dolliver is particularly timely as food for thought at the present time: She "early gained the confidence of the medical profession which was her staunch support." If more of us were blessed with this will to coöperate, there would be less of friction and misunderstanding between two professions which must work together to accomplish their highest aims. Neither can stand alone.

Miss Dolliver and Miss Stanley have completed in honor lives guided by personal and professional ideals of the highest order. "Who follow in their train?"

MOUNT EDITH CAVELL

We are indebted to Helen Randall, managing editor of *The Canadian Nurse* for this account of a memorial to Edith Cavell: "In Jasper Park, a great national playground of over 4,400 square miles, set apart by the Government of Canada for the enjoyment of the people, is found Mount Edith Cavell almost due south of Jasper, a massive snow crowned mountain, elevation 11,083 feet, dedicated by Canada to the memory of the heroic nurse who was murdered by the Germans in the fall of 1915. It is a mountain of striking beauty from its rugged base to its crown of glistening snow at the peak. A glacier with arms extended in the form of a cross, clings to its slope. Nestling in the green timber, lies a small lake which has been called Cavell Lake, while the stream flowing from it to Astoria River has been called Cavell Creek. The trail, or rather carriage road, to Mount Edith Cavell will in all probability be completed this year, and in any event visitors can drive the greater part of the way in comfort, and from where the train joins the road it is not a difficult matter to get to the base of the mountain either walking or by pony. This mountain is reached by the Canadian National Railways between Edmonton and Prince Rupert or Vancouver."

THE TECHNIC OF COMMUNICABLE DISEASE NURSING

BY NELLIE S. PARKS, B.S., R.N.

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AS a part of her equipment, especially for Public Health work, every nurse needs experience in the care of communicable diseases, especially those usually spoken of as children's diseases, the most outstanding of which are Scarlet Fever, Diphtheria, Measles, Chicken-pox and Whooping Cough. The contagion index of these is high, ranging from 50-75 per cent in Diphtheria, and 60 per cent in Scarlet Fever, to 90-100 per cent in Measles and Chicken-pox, so that every family in the community at some time or other has one or more of these diseases among its younger members. To most of them the child between one and six seems to have the least immunity, this period showing also the greatest mortality rate.

This group of diseases is largely cared for in the home. No hospital except the one especially designed for communicable diseases will admit them and the number of such hospitals is out of all proportion to the prevalence of the diseases. Even in large cities where a hospital for communicable diseases is available, the number admitted is low. During 1920, in one of our larger cities, the communicable disease hospital cared for only about 11 per cent of the reported cases of Scarlet Fever, less than 8 per cent of the reported diphtheria and between 3 and 4 per cent of each of the remainder. Needless to say, a large per cent of these were of the worst type, which it was impossible to care for properly at home, and many of which helped to raise the hospital mortality rate because they came in too late to receive any benefit from such care.

The incubation and febrile period of these diseases is the period of greatest infectiousness. At this time the child often shows symptoms similar to a beginning cold. No particular attention is paid to it until a rash appears or the disease becomes so definite that it cannot be mistaken. In the meantime, all the children in the neighborhood have been exposed. To be able to observe the suspicious cases and to teach the proper care, would go a very long way toward prevention of epidemics. There still exists the popular feeling (among both professional and lay people) that children will have all of these diseases and that it is better to have them while young. In good faith children are needlessly exposed. Again there is the selfish individual who is willing to have her children expose whom they will, rather than make the effort to keep them at home. Too often cases

are not reported to the proper authorities and then these cases continue to contribute the infectious material for new cases.

The complications and after effects of these diseases are many times worse than the disease. To many people, the nephritis of today has no relation to the Scarlet Fever some time past, or the weak heart to the sore throat which they "doctored themselves."

Bacteriologists have contributed much to our knowledge of these diseases, but as yet we have only just begun. We no longer conjure up all of the dreadful things that might have caused this calamity to the individual, for we know that some wee organism which needs for its growth and development just the substances the human body can furnish, has taken up its abode and is carrying on its own life processes at the expense of the individual. We have been able to isolate but a few of these disease-producing organisms, but the similarity of the reactions leads us to believe that the others exist, though they have thus far eluded us.

We know too that there are specific types for specific diseases—that the diphtheria bacillus always produces diphtheria, and the Bordet bacillus always produces Whooping Cough; that they must obtain entrance in large enough numbers and be of great enough virulence to overcome the normal defenses of the body, before they can develop; that the individual's ability to ward off the invasion of these organisms is influenced by his general physical condition. Any technic which would lessen the transmission of these diseases and aid in their control must be built upon the preceding facts. This aseptic technic seeks to do and has proven most successful where strict attention to detail has been followed out. It requires intelligent habit formation and the coöperation of all individuals concerned.

The methods of isolation carried out in different institutions are variously designated as the unit system, the box system, cubicle system, etc. The difference in designation is due to the construction of this physical unit. The room or box system consists of separate rooms, with complete partition, while the cubicle system has a low wall or glass partition between each two units. Another type of unit is that of the bed isolation or bed barrier system. Here the physical unit is established by means of cards, isolation, barrier, etc.; screening the bed, or roping in an area around the bed. The purpose of each is to call the attention of those coming and going, to the fact that here is a contaminated area in which certain special precautions must be carried out.

In the hospital, these contaminated units are usually limited to the rooms or wards in which the patients are, and to the lavatories and bath rooms used by patients. The remainder of the floor, corridors,

drug rooms, kitchens, etc., are clean areas. Within these clean areas one can come and go without fear of contamination. Anything brought from a contaminated area must be thoroughly sterilized or disinfected before placing it in the clean area. All dishes and utensils are put directly into the sterilizer and thoroughly boiled; refuse and garbage is burned; soiled linen is put into bags without contaminating the outside and sent to the laundry where one individual puts it into the washer and then scrubs up, or it is put into a disinfectant solution for a time, or put into the autoclave.

As little useless contamination of apparatus and material as is possible and still do efficient work is the key note of the technic. When entering the unit to care for a patient the nurse puts on a gown so that she may do her work with greater comfort for both patient and herself and as a protection against possible contamination of her uniform. When ready to leave the room, she unties her gown and scrubs her hands with soap and water. She then removes her gown, which, if it is to remain in the room, she carefully folds with the clean side in, or if to be hung outside the contaminated area, with the contaminated side in and again scrubs her hands.

Individual equipment will lessen the amount of time required and facilitate the work when there are units of different types. On the wards with like cases the ward supply will suffice.

The technic is the same for one unit or many. In caring for patients within any unit the nurse may go from one to another without scrubbing her hands, but she must scrub thoroughly before entering a unit of another type. With the greatest care and conscientiousness on the part of all who in any way come in contact with an individual having a communicable disease, a cross infection may occur; but the percentage of cross infection with good technic is almost negligible.

The infectiousness of the patient decreases rapidly, though he is held in quarantine for a certain period after all symptoms have disappeared. Preparation for dismissal consists of a cleansing bath and shampoo.

At the close of a communicable disease the bed and other furniture which may have been contaminated are scrubbed, the mattress put in the sunbath or autoclaved, and the room allowed to air for several hours. Soap and water together with sun and fresh air are more valuable disinfectants than any amount of fumigation.

The application of medical asepsis to the case of communicable diseases in any situation may readily be accomplished by limiting the infectious patient and his discharges to a definite area and by applying the principles of asepsis within this area.

EPIDEMIC POLIOMYELITIS

(Infantile Paralysis)

*Notes of an Illustrated Lecture Given to the Visiting Nurses by
Ludvig Hektoen, M.D., President of the Chicago Medical
Society, April 13, 1921*

POLIOS means gray and myelos means marrow: poliomyelitis means inflammation of gray marrow.

Definition: Acute infectious disease, communicable, with inflammatory changes in the nervous system, especially the anterior horns of the spinal cord, resulting frequently in muscular paralysis.

History: Has existed since remote times; distinguished from other forms of paralysis in 1840 and recognized in epidemic form since 1887. Largest epidemic,—the New York epidemic in 1916 (over 13,000 cases with over 3,000 deaths); minor epidemics not infrequent and sporadic cases are occurring all the time.

Causation: Human-borne, spread by nasopharyngeal secretion, abortive cases and carriers being of special importance; contagiousness slight and susceptibility comparatively apparently slight; most cases in children under three; epidemics usually begin in middle of summer and subside in autumn.

Poliomyelitis is transmissible to monkeys. Virus is present in the nasopharyngeal secretions, brain, cord, and blood of patients.

Symptoms: Incubation, three to ten days. Usually fever, drowsiness, irritability, throat symptoms, sometimes vomiting and diarrhoea, stiffness of neck and tenderness of muscles, followed by more or less well marked but irregularly distributed paralysis, which may be the first symptom observed. Paralysis differs in different cases.

After a few days acute symptoms subside, paralysis remains stationary and a little later may show some improvement at the same time as atrophy of the affected muscles becomes apparent.

Different types are recognized: *Abortive*—no paralysis, perhaps most frequent form, may pass unrecognized. *Spinal*—paralysis of legs or arms develops quickly, may be limited or extensive; bladder and rectum may be affected. *Ascending*—begins as paralysis of legs and paralysis extends upward until difficulty in swallowing and breathing develops; may cause death in a few days. *Bulbar*—paralysis of muscles of eyes, face, tongue, pharynx due to changes in pons and medulla. *Cerebral*—vomiting, convulsions, paralysis; *Meningitic* and *Neuritic*—pain along nerves are other forms. As a rule there is an increase of cells in the spinal fluid in this disease.

Lesions: Small hemorrhages and acute inflammatory changes in the parts of the nervous system affected, with death of ganglion cells and consequent degeneration of nerves, paralysis and atrophy of muscles. (See Physiology of Nervous System.)

Treatment: Isolation, disinfection, general care as in acute infections. Firm, smooth bed; guard against weight of clothes on paralyzed limbs; avoid pain in handling of patient by bending of neck or back; no more movement than is necessary for comfort; keep paralyzed limbs warm; look out for pressure sores; hot baths and packs for pain. Muscle adjustments are destroyed, hence danger of contractures and importance of early skilled orthopaedic treatment; guard against fatigue.

In many cases first damage looks worse than it really is and the result of persistent gradual reëducative exercises and training yield remarkable results if begun early, yet not too early.

In discussing treatment, the lecturer assumes that he is speaking to nurses who have the nursing care of most patients so well in hand, that but two or three points need special emphasis. On account of the helplessness of the patients and the severe pain caused by the most gentle handling, the influence of a nurse helps to keep up the patient's courage and this is of tremendous importance.

EMERGENCY EXPERIENCES OF A PRIVATE DUTY NURSE¹

BY SERENA D. ALEXANDER, R.N.

Asheville, N. C.

I SHALL speak entirely of experiences and emergencies in country work, as I have had some in this line, probably more than come to the majority of nurses, for I find a strong tendency among them to refuse out of town work of an unknown nature and to keep to the beaten paths of specializing in the hospitals or of doing private duty work for the doctors whom they know and in the cities where their friends and possessions are.

Nursing in the country, like many other things, is not what it used to be, and those of us who experienced it as it was ten years ago, will not regret the change. The factors which have brought about the change are the telephone, the automobile, good roads, and the number of small hospitals which have sprung up.

¹ Read at a meeting of the North Carolina State Nurses' Association, Wrightsville, June, 1921.

In the days just after my graduation, practically every case in the country was something of an emergency, for a trained nurse was never sent for until the situation became desperate. The attitude of the average country doctor toward the trained nurse, before sampling, was that of suspicion and distrust, strongly tinged with professional jealousy. At the same time, he possessed an unlimited confidence in her ability to accomplish the apparently impossible.

To illustrate: Soon after my graduation, I was called to a case in lower South Carolina. It was in that part of the country where one travels for miles and miles through cypress swamps, festooned with swaying garlands of gray moss. This parasite is popularly supposed to "live on malaria," doubtless because the conditions favorable to its growth and the breeding grounds of the malarial mosquito are the same. The doctor met me at the station, and the station was about all there was to the town. From there we drove seven miles into the country—seven miles over a corduroy road made of logs laid crossways on swampy ground. I asked the nature of my patient's illness. The doctor replied that he had not diagnosed it, but that she was a mighty sick child. I asked how her temperature and pulse had been running. He said he did not know, that he had never been able to get close enough to her to tell about either, that she was a wild little thing and fought like a cat, so he seriously doubted if she had ever swallowed enough of his medicine to get any effect. After this candid description of the case he proceeded with perfect equanimity to write the following orders: Temperature, pulse, respiration, every 3 hours; sponge when temperature is 101 degrees or over; nourishment every 2 hours; medicine every 2 hours; powder every one-half hour until ten are taken; castor oil 2 hours after last powder is taken. I gasped: "Yes, Doctor," and he departed, to return some time the next day.

I got through the orders somehow to the castor oil, but here I had to have assistance. The mother was too unnerved to be considered, so I called on the father. He declared with tears in his eyes that he just could not help make her take it, "and she so sick." I then told the aunt she would have to help me, that it was a matter of the child's life, and together we got it down her, while the parents fled to the other side of the pasture to avoid hearing her cry, and the father, big six-footer that he was, laid his head on the bars and cried like a baby at the thought of the child's being made to do anything she did not want to do, "and she so sick."

I wonder if any of you have ever experienced the soda biscuit of the country districts. It is black and blistery on top, greenish yellow in the middle, and white on the bottom. Its consistency, upon contact

with the teeth, becomes that of putty. During the two days I was on this case we had, for every meal, soda biscuit, hominy, fried ham, cheese, and coffee. I had not supposed the doctor knew or cared anything about how I fared, but one day he handed me a paper bag with the remark that I had better eat its contents before breakfast "to keep off malaria." It contained lemons and, while they did not prevent my having an attack of malarial fever, I always held that they saved my life. The incident of the lemons will tend to show that the doctor had changed his attitude toward the genus, trained nurse, and I have never yet found one who would not come round if treated with due consideration and respect.

There are times when getting to a case seems half the battle. Soon after my graduation, when I was living in lower South Carolina, I was sent on a case up in the North Carolina mountains. My directions were contained in a telegram to the doctor who sent me. It read: "Mother desperately ill; pneumonia crisis coming on. Send nurse via Columbia and Chester to B., from B. with mail carrier to L., where she will be met." I missed connection at Chester on account of a derailed freight car. My patient's son joined me there and we arrived at B. at 9 p. m., instead of 10 a. m. Of course, there was no mail carrier and we had to spend the night. There seemed to be but one hostelry in the town. The proprietress had retired and on being aroused, told us out of the window that she was "full up." She then closed the window and prepared to retire again. We protested, Mr. E. telling her she must take the lady in though he had to sleep on the street. She finally agreed to put me in the room of a night operator, if I would promise to be up and out with all traces removed by 5 a. m., at which hour he would come in to bed. I gladly promised. At 5 a. m., breakfastless, in a drizzling rain, we started on a twenty-five mile drive up the mountain. At the top we were to change horses and drive eighteen miles down the mountain. At the top of the mountain we had news of the patient through the pastor of the mission church. The man who came to meet me the day before had brought it. It was not reassuring and we felt that we must hasten on.

A mountain road in those days was a narrow strip dug into the side of the mountain with the mountain side rising like a wall on the upper side and falling away in a precipice on the lower. It also consisted of a series of sharp curves which made running off the precipice the logical fate of any vehicle of which the steering gear should break while rounding one of them. Ours broke. The rain was falling harder all the time and I was tired and half asleep when I realized that something was happening. The custom of the country in such an emergency is to run the vehicle up on the embankment, hoping to stop it.

On this occasion it ran too far up, stood on its two outer wheels a few seconds, wavered and turned turtle back into the road. Now, I was on the under side and Mr. E., two grips, the driver, and the hack were on top of me. The minutes I spent waiting for the horses to dash away were very long ones. They stood perfectly still, however. If they had not,—well, I would not be here now to tell the tale. The men crawled out, pulled out the grips, then me, and turned the hack right side up again. My left arm hung limp and helpless from the shoulder. It was so numb from the pressure on it that I could not tell where the hurt was, but felt sure it was broken. There was a lump on my forehead the size of a door knob and the color of a huckleberry. My hair was a mud pie.

I had a strong disinclination to get into that hack again (They had tied the harness with a twine string) and I begged to be allowed to ride in a covered ox wagon which was just overtaking us. This wagon turned out to be loaded with sacks of guano, but the driver was hospitable and I preferred guano to that string-patched harness. So I lay on the sacks of guano with my face up so that the rain, which was falling in torrents, could beat through the canvas and refresh me.

A few miles farther on, at the blacksmith's shop, they told us we might as well turn back, for the river "was flooding and past fording." However, we pressed on. When we reached the river, the miller and about a dozen men were standing on the bank watching its rapid rise. It was out of its banks to twice its width and an angry looking flood, flecked with whirling foam and driftwood. We told the miller that it was necessary for us to cross, but he said it was "past fording" and that it would be at least twenty-four hours before it went down at the rate the rain was falling then. I remembered the crisis fast coming on and determined to cross that river somehow. The opposite bank of the river was much higher than ours and a footbridge reached from the high bank across the stream and sloped down to the lower bank. This end of the bridge was now about midway the stream, as all the widening of the overflow had to be over the lower bank. I asked if it would not be possible to go on horseback as far as the beginning of the bridge. The miller said it might, you could not tell till you got out in the stream and saw how deep and swift it was. I then asked if any man there would be willing to risk taking me out to the bridge. One young giant mountaineer said he guessed he could risk it if I could. A traveling salesman among the watchers on the bank plead with us eloquently not to harrow his feelings by being drowned before his eyes, but we heeded him not.

I was wearing a tailored suit of blue cloth with the narrow skirt of that season, so there was no chance of riding astride. Now the

rear end of a horse is a wiggly and uncertain-feeling perch at best, but when that horse is dripping wet and slick, it is more so, and the river looked very sullen and angry. The young giant said deprecatingly, "You'll have to hold on to me, Miss." I told him not to worry about that, I'd hold on all right, and I clasped him desperately around the waist. We made our way cautiously out to the log, testing every step, while the company of men stood on the bank and watched to see what would befall us. When we reached the log, the current was so swift it was hard to hold the horse steady enough for me to get off on to the log and when the young giant let go I felt alone 'twixt sea and sky. I crossed safely. Mr. E. followed in like manner and we walked to the nearest house on the other side. A half hour later the footbridge went down the stream. We explained our plight to the man of the house and asked to hire his team to continue our journey. He demurred, saying he didn't like his cattle to be out in such weather. I explained the circumstances to him and told him I thought his mules ought to be able to stand what I could, and I was going on. This argument, or his native kindness of heart, prevailed and we reached the end of our journey about 9 o'clock that night, having been forty-eight hours on the road. The injury to my arm proved to be only a temporary paralysis from pressure and wore off in a few days, but I carried the huckleberry colored door knob on my brow for many a day.

We found the patient very ill. The doctor lived seven miles away. There was a telephone which was strung on chestnut trees beside the road. It worked sometimes, but when the wind blew it tangled the wires and some one had to go along the line with a forked stick and disentangle them. The wind blew nearly every night, so there was always an element of uncertainty about this 'phone. Mr. E. spent the greater part of his stay in the valley going up and down the line with a forked stick.

The doctor came the next day. He wore homespun clothes and a flannel shirt and said "whar" and "thar." I found later that he could use correct technical language and was a graduate of a reputable medical college, but on his return to the home of his youth to practice he had slipped back into the tongue wherein he was born.

(To be continued)

GETTING AHEAD

BY E. BLANCHE SEYFERT, R.N.

Lancaster, Pa.

EACH month I read with a great deal of interest the donations to the Nurses' Relief Fund and the manner of employment of the same amount. As a nurse with nearly ten years of active duty to my credit, the thought has presented itself to me quite frequently of late: Do I, or do we who are making good money, think enough of and give enough for the less fortunate? This of course applies only to one of the many activities of the Relief Fund, as I understand it, and should at present stimulate our giving more generously towards it, but let me present the other side of the question.

It is an old standing joke among nurses, as you well know, to discuss the preference of old maids' homes for future residence. With a worn out body, no husband or children to depend upon, and possibly no savings account from an average former income of, perhaps, \$2,000 yearly, what is there left other than to be dependent?

Everyone is interested in getting ahead, but the big problem that confronts us is: how can it be done? Government statistics tell us that fifty-four people out of each one hundred who reach the age of 65 are dependent upon others for their living; thirty-six die before they reach the age of 65; five are able to earn a living; four are comfortably fixed financially; and only one is rich. No one wants to be among the class of fifty-four. How can we escape this class? By saving a portion of our earnings and investing our savings in the dividend-paying securities of the basic industries of the country.

Big business needs additional working capital and especially during this period of reconstruction. To be sure, one must be able to judge which are good and which are bad investments, but you can be your own judge to a large extent if the following test is applied: You must decide if there is a need for the business; whether the plan of operation is good or bad; the management experienced or inexperienced; the business thoroughly established; and last, but not least, whether or not the business has been making profits.

It is a well known fact that the really big money made in this country is made in big business. Very few individuals have the capital to enter the business field alone. The late Mr. Perkins of the firm of Morgan and Company made this statement: "No one ever became rich who allowed his money to remain in a savings institution at 4 per cent. You must invest it." Nurses, as a general rule, are fairly well paid for their services and should be able to save a portion of their earnings. Are you doing it?

MENTAL HEALTH OF CHILDREN

BY V. M. MACDONALD, R.N.

(Continued from page 8, October JOURNAL)

SECOND PAPER

HEALTHY AND UNHEALTHY HABITS

IT is not easy to determine whether a woodland path which runs parallel to the high road will eventually join it. It may be that after a long stretch of gradual divergence one suddenly is lost in the woods. Along the highway of mental growth are many seemingly harmless bypaths which may end in mental inadequacy or disaster. It is worth while to note the points of divergence so as to keep little minds in the broad highway.

Of the forms of serious mental disease there is one that claims a large number of youthful victims. Its primary cause is still a matter of research and discussion, but in the vast majority of cases the same early tendencies have been shown by those who later developed the disease. This has brought psychiatrists to the belief that many cases might have been prevented by a training in childhood which would have counteracted the unhealthy tendencies. This malady is generally characterized by the so-called "shut-in" temperament. A healthy-minded child must share in the interests and games of other children. While all are not alike in temperament, none should be allowed to indulge often in solitariness, to withdraw into isolation, to pass long hours in day-dreaming, to be suspicious, grudge-bearing, or sullen. Such unhealthy habits of mind may soon become the dominant characteristic and later develop into the typical pictures seen in all of our mental hospitals. A mother weeping over her sixteen year old daughter, a mental patient in a state hospital, said, "Doctor, I cannot understand it. She was the sweetest little girl. She would never go out to play with other children, but always sat at my knee and was so good."

If a mother wants her son to be self-reliant and self-controlled, the delicious sense of her child's dependence on her during the first three or four years must give way before the need to prepare his mind and soul to fight independently in the arena of life. When should a child be allowed to walk three miles? Obviously, when by easy stages he has learned to walk one, then two—without undue fatigue. When should he be expected to assume individual responsibility in serious matters? When by little steps he has acquired the habit of successfully accomplishing small duties. Putting away his

toys when through with play, picking up his discarded clothing, remembering each day to water his little plant, giving his rabbit its daily food,—all these are a steady education in order, thoughtfulness for others, and independence of action. He must not be spared the consequences of his failures, for it is by our mistakes that we most surely learn. It is better to let his plant die than to water it when he has neglected his responsibility.

The egotistic tendency of a child to secure every advantage for himself, which conflicts with the necessary social doctrine of the rights of others, can be most readily fought to a finish in the games of childhood. The great principle of fair play must be implanted in infancy, and the further concepts of generosity to playmates and of the dishonor of accepting an unfair advantage cannot be too early taught. Children who cheat at croquet, who peep when eyes are blindfolded, who let another take their rightful blame, should be made to feel the disapproval of their little world. One removal from playmates for an afternoon because of these infringements of the moral standard will make the lesson sink deep into memory. Much more serious mental and moral conflicts of later life will be decided along the lines of habitual thought graven in the childish mind. William James has shown us clearly the potency of habit. He says, "Could the young but realize how soon they will become mere walking bundles of habits, they would give more heed to their conduct while in the plastic state."

Practical activities must be provided for growing minds and bodies. Day-dreaming, if a marked characteristic, should be replaced by a more healthful activity. A lively imagination is a delightful attribute of many children, but there must be no lack of ability to return immediately to the practical affairs of every day. They must never lose touch with the real world in their attempted flights into the unreal.

Ungenerous suspicions of playmates are very harmful, and must be checked. The tendency to feel aggrieved, to consider one's self unfairly treated, to think all prohibitions and general criticisms aimed at one's self, to carry a chip on one's shoulder,—all these are unhealthy habits of mind which make for unhappiness and consequent withdrawal from healthy companionship with other children. While these habits are most often broken up in the hurly-burly of school life, there are frequent cases where bad habits grow into dominating moods, and later, when the more difficult adjustments of adolescence are required, there is no healthy mental attitude with which to meet the situation. A generous open habit of mind is the best bank account with which to pay the demands of life.

Unwise sympathy which leads to self-pity is a damaging atmosphere with which to surround a developing mind. There are few children who will not shirk tasks which demand the full extent of their mental powers, unless encouraged to put up a good fight for success. As judicious exercise is necessary for physical growth, so definite mental efforts in steady progression are needed for mental development. In other words, the child who coaxes to be excused from learning his lessons, who will not concentrate, or try to solve a difficult problem in arithmetic, is losing more than his good marks for the day. He is stopping the growth of his mental powers. Too easily secured sympathy is destructive of moral fibre as well, even in such simple accidents as physical hurts and bruises. The ability to take necessary knocks smilingly, to endure pain courageously, if learned early in life brings poise and self-control in later crises.

A source of much unnecessary distress to both mothers and children is the indulgence of whims regarding food. From earliest years, so soon as general diet is permissible, no refusal to eat any article of suitable food should be tolerated. Infinite discomfort for the individual and the family results when petty dislikes of this and that article of diet must be recognized. Physical health often suffers when these unfounded aversions, unchecked in childhood, have formed a definite neurasthenic habit. Conformity to general standards in small things reduces friction, and tends to render easier the necessary adjustments of adult life.

(To be continued)

WHO'S WHO IN THE NURSING WORLD

V. Lucy Lincoln Drown

BIRTHPLACE: Providence, R. I. **PRELIMINARY EDUCATION:** Private schools and the Salem, Massachusetts, State Normal School. **OCCUPATION BEFORE ENTERING A TRAINING SCHOOL:** Taught for nearly twelve years. **GRADUATE OF:** Boston City Hospital Training School for Nurses, 1883 (?). **POSITIONS HELD:** Assistant superintendent Boston City Hospital School, two years; in 1885, succeeded Miss Richards as matron of the City Hospital and superintendent of the training school, a position held for twenty-five years. Since 1910, has lived in retirement with her sister at Lakeport, N. H. **OFFICES HELD:** First treasurer of the Superintendents' Society (now the National League of Nursing Education); first president of the Boston City Hospital Alumnae Association.

WHAT DOES THE STUDENT NURSE EXPECT OF THE ALUMNAE?'

BY MARY WRIGHT

City Hospital, Indianapolis, Indiana

IN considering this subject my mind goes back to the days of probation. I am sure we all remember those first days in this strange, new world we were entering and the many and various experiences we had. Foremost among the impressions we received in those early days of training was a feeling of awe and respect for the senior student nurse. To be nearing the completion of a three years' course of training seemed to us a most enviable position and the knowledge which she must possess, almost unbounded. To her we went unhesitatingly when in need of advice, and if she vouchsafed us information on any subject we received it as coming from a reliable source. To be sure our ideas soon underwent a change and we learned that she had not yet reached the high pinnacle upon which we had placed her, yet in spite of this fact the senior nurse continued to exert an influence, for good or otherwise, over us, which, unconsciously perhaps, helped to mold our course through training.

In very much the same manner does the student nurse regard the alumnae. To whom should she go more freely for advice, and who should be more willing to advise her? Many of the members of the organization have had rich and varied experiences during the years since the days of training were finished and therefore, she feels, should be able to advise her wisely.

What are some of the things which she expects of the alumnae? It seems to me that one of the most important things she expects to find is loyalty,—loyalty to the training school. During the days spent within its walls the foundation is laid for our life work, to which our success in life is due, combined with the care with which we proceed to build upon this foundation. Therefore, to it the graduate nurse owes her allegiance and her earnest efforts to help in its growth. What a wonderful help the alumnae can be to the training school if they stand behind it, lending it their support in every effort toward advancement!

Then she expects loyalty to the profession and the high standards which it represents. Ours is not a secular profession. If we make it so it becomes a trade, and the meanest of trades, for we trade in the misfortunes of others. The spirit of religion must be in the life of

^{*} Read at a meeting of the Indianapolis City Hospital Alumnae Association, September, 1921.

the nurse and the student nurse expects to find this earnest, missionary spirit of service in the lives of the alumnae who have gone forth to take their place in the great work of caring for the ills of mankind. In the training schools we are trained almost exclusively in the care of the human body, and yet the motto of our profession teaches us that we deal with human lives, not human bodies alone. It is impossible for the world to get, or for us to give, too much of this kind of service. It is its own reward. The more you give the richer you become. Our profession brings us constantly into closest contact with human souls. We are with our fellow creatures in storm and stress. Such contact is sure to affect us in one of two ways. It is a fire which destroys or purifies; it enobles or helps to make us callous. It drives us to either shut our ears to the message of our work, causing us to become coarsened, hardened and narrowed, as is inevitable when we look upon our work simply as a means of livelihood—or, to meet the world's revelations with a faith which is the essence of religion. It is this high standard which the student nurse wants to see in the alumnae.

Then she expects coöperation. The success of any movement depends upon the coöperation and team work of those who are concerned in it. The individual is small indeed who has no ideas of his own, who never differs from his fellow men, but who blindly follows without knowing why. But on the other hand it takes a broad minded, whole souled individual, one who is full of enthusiasm and love for his work, to be able to lay aside all petty differences and work with others for the end in view. The world is full of opportunities for the accomplishment of great things. Only a beginning has been made in many fields. It is only by the combined efforts and unfaltering courage of any organization that the goal is reached.

Along with this comes enthusiasm. The student nurse expects the alumnae to be in earnest and full of enthusiasm in their work. She wants an alumnae association to which she can point with pride as being an up-to-date organization; which accomplishes any task it undertakes whether it be work or pleasure. To quote Theodore Roosevelt: "When you work, work hard; and when you play, play hard."

And then the student nurse expects success of the alumnae. Success always, eventually crowns any effort put forth for the betterment of mankind, though it may be only after years of apparent failure. The spirit which wins success is one which cannot be discouraged and is eager to learn even by what the world calls failure. A spirit which cannot be hurt, shocked, or wounded, is invulnerable

to insult, taunt, and annoyance, so small and puny they seem as we look through them to the prize of our high calling.

He has achieved success who has lived well, laughed often and loved much; who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task; who has left the world better than he found it, whether by an improved poppy, a perfect poem or a rescued soul; who has never lacked appreciation of earth's beauty or failed to express it; who has always looked for the best in others and given the best he had; whose life was an inspiration, whose memory a benediction.

EQUIPMENT AND PROCEDURE FOR INTUBATION

BY HAZEL L. JENNINGS, R.N.

Rochester, N. Y.

EQUIPMENT: Table (high and firm), Bath Blanket, Safety Pins, Roll (hard roll at upper edge of table), Paper Bag, Gauze, Gowns, Mouth Prop, Intubator, Tubes (three sizes and threaded), Scissors.

PROCEDURE: The nurses and doctors put on gowns. Gauze is tied over the mouth and nose.

The bath blanket is placed diagonally on the table with the top corner turned down. The other corners are laid in narrow folds. A covered sand bag makes a good roll for the top of the table.

The other equipment is placed on a table conveniently near.

The patient is placed on the table. The bottom corner of the bath blanket is brought over the feet. The left corner is brought across the patient and tucked under his right arm. The right corner of the blanket is brought across and tucked under the left side of the patient. The blanket is then pinned closely at the neck. This restrains the arms and feet of a child very well.

The roll is placed under the patient's shoulders and his head rests on the table.

The doctor's assistant holds the patient's head firmly and a nurse restrains the movements of the child.

The mouth prop is placed in position.

The tube, of the proper size and threaded, is placed on the intubator.

The doctor intubes the patient by placing the tube at the back of the throat and slipping it into position. It is held in place by the larynx.

The thread may be cut and withdrawn, or left attached to the tube, according to the doctor's wishes.

NURSING PRECAUTIONS: An intubed patient should not be left alone. His breathing has to be watched constantly.

If a patient coughs up a tube, the doctor must be notified immediately. If it is necessary to reintube the patient, it must be done at once.

Great care must be exercised in feeding intubed patients, as the food may enter the trachea. The doctor usually allows the patient to drink water shortly after he is intubed to see how he swallows.

NEW METHODS AND OLD

BY LAURA HARTWELL

Bremerton, Wash.

SARAH GAMP and her band would thump their bulging umbrellas upon the floor in disapproval, if they could see the modern method of bathing the baby. No longer does the squirmy infant slide around on an uncertain lap, but is now laid on a softly padded table and, with plenty of room to kick in safety, is easily washed and tended, crying less and being more physically fit than the babies of Sarah's time.

Marvellous events have followed each other rapidly in the past fifty years. Great inventions have been put to common use, the development of electricity being one of the most wonderful and useful sciences. Electric blankets and pads save the incessant refilling and the uncertain heat of the hot water bag, and are being successfully used in the treatment of rheumatism and some nervous diseases. Electric stoves are quick and easy to manipulate for heating or for keeping solutions hot, whereas the Sarahs of former days had to depend on smoky stoves or open fireplaces. We have electric torches instead of candles and, what would astonish her still more, that wizard of captured force,—the x-ray machine. Imagine her surprise if she happened to enter a present-day x-ray room! The crackle of the weird machine as the pictures were taken, would not frighten her as much as the picture itself, for it may be a picture of bones only, or a foreign body lodged in the tissues. It might show an abnormal condition of organs which she had never suspected of being in the human frame.

Dame Nature, the healing mother of the universe, is one of the best nurses in the world, but did Sarah think so? Would she believe in the treatment originated by Dr. Trudeau, and carried out so successfully at Saranac and at many hospitals for tuberculous patients

throughout the country? Even if free from the tuberculosis germ, many sufferers, not curable by operation, find a wonderful reality of rest and recovery in the country with clean, comfortable surroundings, where open windows allow the soft winds to enter, bringing a breath from the sea or the pine trees.

Serums are well known in these days, and the study of bacteria has paved the way for wonderful cures. During the recent influenza epidemic, in some severe cases a culture of the patient's blood showed the presence of the diminutive streptococcus, one of the most deadly of all bacteria. These germs were exterminated by the use of soluble Iodine, a solution of 15 cc, diluted from 50 cc to 100 cc, being given intravenously once a day for three days. The patient would often improve very quickly, having a stronger pulse and a lower temperature.

Distress the world over is now relieved by that wonderful organization, the American Red Cross. No longer does an epidemic or a famine in a foreign land start a spasmodic wave of generosity in the hearts of the people, which fails to relieve the sufferers in time because of unforeseen difficulties, but instead, fully equipped hospital units, with trained nurses and doctors, or tons of food and clothing, are shipped to the stricken land.

Philanthropy, too, how it has been revolutionized! In Sarah's time, Lady Bountiful, with her basket of good things on her arm, would make the rounds and help the poor people,—some of them,—sometimes. But now the public health nurse seeks to remove the cause of poverty and unhappiness, taking care of the sick, and teaching others to do so, teaching also prophylactic or preventive measures. The follow-up care given to patients in some large hospitals, both in the United States and in England, has materially increased the total of complete cures. Years ago the good work of weeks of care would in many cases be all undone, if the patient plunged into excessive work or returned to insanitary quarters, but the social service nurse has changed this by improving the home conditions, or getting the patient into a convalescent home.

Tooth brush drills in the schools, and elementary talks on health and hygiene, are all discussed by the rising generation,—who can tell how far the good words carry?

Reprint No. 436, "The Control of Communicable Diseases," is still available and may be obtained at five cents a copy from Superintendent of Documents, Washington, D. C.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

Collaborators: Blanche Pfefferkorn, R.N., and Grace Watson, R.N.

EDUCATION IN TUBERCULOSIS FOR STUDENT NURSES

BY LOUISE M. POWELL, R.N.

Superintendent of Nurses, University Hospital, Minneapolis, Minnesota

THE subject of education in tuberculosis for our student nurses is one in which I have been actively interested for the past four years. In that time forty-two of our student nurses have had from one to two months' practical experience in tuberculosis nursing at our county sanatorium.

I cannot believe that any intelligent woman who is interested in the education of nurses today can fail to realize that there is a very definite need by nurses for a knowledge of tuberculosis, in order that they may intelligently take part in the educational campaign for the eradication of this disease.

For what purpose are we educating nurses and what should a diploma in nursing mean? Surely to be worth anything it should mean that the nurse who holds it is prepared, through theoretical and practical courses, to help prevent and to care for the common diseases that develop in the community in which she is following her profession. This imposes an obligation upon our schools to give, in addition to surgical, medical and obstetrical training, practical and theoretical work in the care of children and, at the present time surely, in that most prevalent of all diseases in many communities, tuberculosis.

Now let us see how much of the general training given in a hospital that cares for medical, surgical, obstetrical patients and children is in any way a preparation for the field of tuberculosis nursing? The general medical training and the thorough surgical technique acquired are surely a good foundation on which to build the special training. Are these, with a good course of lectures on tuberculosis, enough? I do not think so. We must give our student nurses some practical experience in watching patients with this disease in all stages, especially incipient cases, because only by familiarity with the disease in its various phases and stages can they appreciate the immense importance of prevention.

If we can by actual experience teach every nurse who goes out

¹ Paper read at the Mississippi Valley Conference on Tuberculosis, September 13, 1921.

of a general hospital the following things, I think we can feel, that while we have not trained a specialist in tuberculosis, we have laid a sound foundation:

- a. That tuberculosis is preventable.
- b. That early diagnosis and proper treatment are all important.
- c. That she can care for these patients as she does for other infectious cases without becoming infected herself.
- d. That the function of the nurse in this field is first, last, and always to teach.
- e. That she has a responsibility to the community to help those who are specialists in this field.
- f. That she must be familiar with the early symptoms and with the main points in the treatment and methods of controlling the spread of the disease.

How many of our schools of nursing today are sending out students with this much knowledge of tuberculosis?

Besides this minimum requirement we also need nurses prepared for the following lines of work: superintendents of nurses in tuberculosis institutions, where there is teaching and training of student nurses to be done; nurses for the care of private patients with tuberculosis who may be either advanced or incipient cases, the latter requiring very special preparation on the part of the nurse; nurses to go into the homes of the poor with this disease, where, to the ability to give personal care to the patient, must be added the ability to teach the family to protect themselves and the public. Obviously the nurse filling these positions should have special training in this field,—in varying degrees perhaps,—for medical and surgical training received in a general hospital will not properly fit her for this work.

I do not think we, in general hospitals, should attempt to train nurses as heads of such institutions, or to become head workers in any form of tuberculosis nursing, this should be post-graduate work. But we should give every student nurse enough knowledge of, and experience with this disease to enable her to care for the individual patient, to give intelligent advice to these patients wherever she meets them, and to cooperate with the agencies caring for such cases.

How shall we get this experience, how much time shall we give to it, and at what time in the student's training will it be most valuable?

For general hospitals that do not admit these cases there is no way except through affiliation. This is always a difficult problem, but it can be done.

As to the amount of time necessary for this branch of nursing, my own experience has led me to feel that there should be given about

fourteen hours of lecture and class work, including some talks given by expert social workers in this field, together with six weeks to two months of practical work in a sanatorium, well-equipped, and administered by those who are at least as much interested in what the student *gets* as in what she gives. I think the general tendency in these affiliations is to require too long a period of actual bedside care in the advanced cases. The student needs some experience with patients in this stage of the disease, but the *preventive* side must be strongly emphasized, and in addition, the manner of teaching the public the simple methods of prevention, the social side, and the occupational therapy useful in these cases must all be taught. A dispensary service is most helpful, so that the student may see the patient as she will meet him in the home.

Of course the ideal time for giving this work is late in the training after the student has had her medical and surgical care of patients and, when possible, after she has had some work in the operating room and has become familiar with good surgical technique.

The following personal experience has, I think, impressed me with the need for this training for our nurses. An appeal came to me from a far off state in which I am interested, for a contribution to a fund that was being raised to provide more beds in the State Sanatorium for Tuberculosis, for graduate nurses with this disease. The letter stated that already a cottage with seven beds was being maintained by nurses, but that these beds were full and that more were needed. It seemed to me there might be some relation between this and the rather general lack of a knowledge of this disease and its treatment among nurses.

This brings me to a question which I consider a serious one. Are the authorities in the sanatoria to which we are asked to send our students for training, or as workers after graduating, giving as much attention to the conditions under which the nurses live as they should? Can we be assured that the nurses we send into their institutions will return as well, or even better, than when they entered? I should like to say that our nurses in the past four years of affiliation have almost without exception improved physically and have gained in weight and color. I have never had any nurse raise a question as to taking this service.

I think it is just as bad to expect nurses to live in the same building, share the same dining room and sitting room with patients in such institutions as it would be in a general hospital. General hospitals are fast getting away from this pernicious habit. I would advise you to follow their example. I feel very strongly that as in general hospitals, so in sanatoria for tuberculosis, nurses when off

duty should be relieved of the presence of patients. To be with ill people, especially hopeless cases, as practically all advanced cases of tuberculosis are, from eight to twelve hours a day, is depressing and a nervous strain. It should be made possible for the nurses to get away from the thought and sight and out of hearing of sick people at meals and when off duty. It seems a sad commentary on the practical application of our knowledge of this disease and the methods of prevention, if the well we send to care for these patients succumb to the disease because of improper provision for their living conditions. I know this is not the case everywhere, it should not be the case anywhere. Given reasonable hours of work, proper food, clothing, and housing, and opportunity for recreation (the very conditions which enter into the treatment of the tuberculous patient at the present time), and the people caring for the patient should improve physically rather than become susceptible.

We have decided in our public health nursing courses to offer to every student taking the four months' course, and to require those taking the full eight months' course, two weeks in a sanatorium chosen by us, provided they have had no training in tuberculosis. We feel that this time should be very carefully planned, and that certain definite things must be given to the student. We look to the specialists in this field to advise us how to plan this time so that the student will come out feeling a definite responsibility toward those engaged in this work in her community and state, to find all cases and put them in touch with the proper agencies, and to follow up those under treatment. We give to all students in these courses sixteen lectures by experts in this field, a short time in a tuberculosis dispensary, and in the tuberculosis division of the City Board of Health. They see these cases under home conditions during their service with the Visiting Nurses.

I would not leave you under the impression that I have been able to practice all I preach, that is, I have not found it possible as yet to give to every nurse graduating from our school a service in tuberculosis. I am glad to report, however, that in the more recent classes a larger proportion than in the classes during the early years of the affiliation have had it.

From the practical standpoint, just so long as our hospitals, general and special, continue to demand that all the work connected with their patients (in many cases not nursing care in any sense) be done by student nurses, just so long will it be impossible for the women at the head of our schools to give to every student *only* the amount of practical experience in the various services that is really necessary for the student's education. When our special institutions

are partially manned with paid service, which may be supplemented by affiliating students, then will it be possible to assign the student to definite terms of service for the length of time necessary for her to get what there is of knowledge and experience in that service and then move her to another. This would be equally true of a special institution for orthopedic cases.

To illustrate what I mean, I have had experience with a hospital in which students were kept five months, out of three years, on an active maternity service, fifty beds, taking care of mothers and babies, with not a day in the delivery room. Was this amount of practical experience necessary, or was it a means of getting the nursing work of the institution done at little cost? This is not an isolated instance, it is happening in many hospitals today.

MINIMUM STANDARDS FOR THE INSTRUCTION OF STUDENT NURSES IN THE THEORY AND PRACTICE OF TUBERCULOSIS NURSING

Recommended by The National League of Nursing Education

A. Course of Instruction:

1. Length, two months of practical work which should include actual experience, under proper supervision, in the care of all types of cases.
2. Class and lecture work, not less than 2 hours weekly or 16 hours in all.

B. Requirements for Hospitals and Sanatoria:

1. Size, daily average of 45 patients or over.
2. Types of cases treated, ambulant, semi-ambulant and bed cases. The larger proportion preferably in open wards.
3. Staff: (a) Resident medical director, (b) Superintendent of nurses, (c) Instructor. Both superintendent of nurses and instructor should be registered nurses, with some experience in general hospital work and should have at least one year's experience in the care of tuberculous patients under the supervision of a physician specially qualified for this work.
4. Student Nurses: (a) Time on duty, not more than 8 hours daily or 52 hours weekly, (b) Quarters, must have nurses' home or sleeping quarters separate from patients, (c) Provision for recreation and social life apart from patients.
5. Teaching Equipment: (a) Well equipped class and demonstration room, (b) Reference library, with up-to-date literature,—books, magazines, pamphlets, etc., on tuberculosis.

OUTLINE OF LECTURES, CLASSES AND DEMONSTRATIONS ON TUBERCULOSIS NURSING FOR STUDENT NURSES

Note:—It is recommended that the lectures be given by a physician who is a specialist in Tuberculosis, and that so far as possible they should be accompanied by clinics. The classes and demonstrations will all be given by the nurse instructor following, if possible, the lecture by the physician.

I. LECTURE. INTRODUCTORY

A. History of Tuberculosis:

1. Ancient references.
2. Laennec, Sylvius, Bayle, Villezin, Cohnheim, Brehmer, Dettweiler, Koch, Trudeau.

B. General Distribution of Tuberculosis:

1. Geographic.
2. Racial,—Negroes, Indians, Italians, Irish, Jewish, etc.
3. Social,—rural and urban incidence.
4. Sex.

5. Age.

6. Numerical Incidence,—(a)

Morbidity and mortality as shown by census and insurance reports, Framingham Community Health Demonstrations and other surveys, drafts and army reports; (b) Absolute decrease in general; (c) Relative increase among certain races (Negroes, Indians, Eskimos).

II. CLASS AND DEMONSTRATION. ADMISSION OF PATIENT

A. Technique in the Examining Room:

1. Preparation of patient for examination, etc.
2. Weight—special care.
3. Temperature, pulse and respiration—special care.
4. Charting of findings.

B. Mode of Approach:

1. Personal interest.

2. Presentation of rules and regulations.

3. Presentation of articles of prevention.

4. Details of care of personal clothing: (a) Elimination of handkerchiefs; (b) Laundry instruction; (c) Introduction to other patients.

III. LECTURE. TUBERCULOUS INFECTION

A. Bacteriological and Pathological Conception of Tuberculosis:

1. Prior to 1882.
2. Subsequent to 1882.

B. Characterization of Germ:

1. Size.
2. Viability.
3. Types,—(a) Human, (b) Bovine, (c) Avian.
4. Methods of isolation and examination.

C. Sources of Infection:

1. Sputum.
2. Milk.
3. Other sources.

D. Theories of Invasion:

1. Inhalation.
2. Ingestion.
3. Inoculation.

E. Theories of Resistance and Immunity:

1. Racial factors.
2. Environmental factors.

F. Tuberculous Infection—Chiefly in Childhood:

1. Varies according to:

- (a) Age.
- (b) Condition of child.
- (c) Size and repetition of dose.

2. Not every infection is followed by clinical disease. Distinction between tuberculous infection and tuberculous disease must be emphasized.

3. Fallacy of theory that tuberculosis is inherited.

IV. CLASS AND DEMONSTRATION. PREVENTION OF INFECTION

A. Sputum Technique:

1. Care and disposal—instruction in different modes.
2. Mouth Hygiene.
3. Cough:
 - (a) Control of.
 - (b) Protection.
4. Sneezing—spray.
5. Laboratory specimen:
 - (a) Quantity.
 - (b) Manner and time of collection.
6. Hand washing:
 - (a) Nurses.
 - (b) Patients.

7. Thermometers:

- (a) Sterilization.
- (b) Accuracy.

B. Care of Room:

1. Ventilation.
2. Cleaning of floors:
 - (a) Sweeping.
 - (b) Dusting.
 - (c) Washing.
 - (d) Disinfection.
3. Sterilization of bedding, dishes, etc.

C. Nurse's Care of Self:

1. General Hygiene.
2. Precaution.
3. Disinfectants.

V. LECTURE. TUBERCULOUS DISEASE

A. Tuberculous Disease—Chiefly in Adult Life (Especially Pulmonary Tuberculosis):

1. By careful history frequently can be traced through recurring periods of ill health to childhood infection by the tubercle bacillus.
2. Conditions favoring development of active disease:
 - (a) Disease (pneumonia, pleurisy, measles, whooping cough, influenza, etc.);
 - (b) Pregnancy, parturition and lactation; (c) Mental or physical stress and strain; (d) Unsanitary living or working conditions; (e) Injury; (f) Dissipation; (g) Malnutrition; (h) Lack of sufficient sleep, especially in childhood.

B. Types of Disease at Different Ages:

1. Infants: (a) Generalized;

- (b) Disseminated; (c) Acute.

2. Children: (a) Bones; (b) Joints; (c) Lymph Nodes; (d) Meninges.

3. Adults: (a) Lungs chiefly; (b) Skin; (c) Kidneys; (d) Fistula; (e) Other tissues.

C. Pulmonary Tuberculosis:

1. Anatomy of chest and lungs.
2. Pathology of tubercle, (Infiltration, caseation, cavitation, fibrosis, calcification).
3. Classification of stages: (a) Incipient; (b) Moderately advanced; (c) Far advanced. (See National Tuberculosis Association standards.) "Open" and "closed" cases, "Active" and "Inactive" cases, "Ambulant," "Semi-ambulant" and "Bed" cases.

VI. CLASS AND DEMONSTRATION. GENERAL NURSING CARE OF TUBERCULOUS PATIENT

A. The Bed:

1. Its equipment.
2. Method of making for outdoor sleeping.

B. Bathing:

1. Need of protection.
2. Importance of keeping skin active.

3. Morning and evening toilet for bed and ambulance patient.
4. Toilet article technique,—tooth brushes, hair brushes,
5. Attention to excretions.
6. Night Sweats—After-Care.
7. Care of the Advanced Case.
8. Changing of Patient in Bed, etc.

VII. LECTURE. TUBERCULOUS DISEASE, *Continued*

A. Symptoms:

1. Lassitude.
2. Weakness.
3. Cough.
4. Hoarseness.
5. Expectoration.
6. Dyspnoea.
7. Fever.
8. Rapid pulse.
9. Pain in chest.
10. Night sweats.
11. Hemoptysis.
12. Loss of appetite.
13. Digestive disturbances.
14. Nervous instability.
15. Underweight or loss of weight.

16. Slow recovery from other diseases.

B. Early Diagnosis:

1. Necessary for successful treatment.
2. Necessary for successful prevention and eradication.
3. Should not be made on insufficient evidence.
4. Important factors in diagnosis: (a) Family and personal history; (b) Physical examination of chest; (c) X-ray by fluoroscope and plates; (d) Clinical laboratory findings.

VIII. CLASS AND DEMONSTRATION

A. Observation of Case—Especially During First Week:

1. For determining diagnosis by the physician.
2. For determining treatment by the physician.
3. Temperature, pulse, respiration: (a) Under rest; (b) As affected by exercise.
4. Careful collection of laboratory specimens.

be too strongly emphasized.

2. Different methods of keeping: (a) Absolute accuracy essential to any method; (b) Conciseness desirable for any method.

3. Exhibit of various forms.

C. Study of Tuberculous Patient in Relation to Mental Attitude, etc.:

1. Individual characteristics.
2. Training in self-control, etc.

B. Records:

1. Accuracy of records cannot

IX. LECTURE. TREATMENT—GENERAL PRINCIPLES

A. Fundamental Factors:

1. Rest: (a) Physical; (b) Mental (sleep and repair).
2. Food: (a) Food value; (b) Amount; (c) Variety; (d) Food for special conditions, (such as hemorrhages, laryngitis, tuberculosis of intestines, etc.).

3. Fresh air: (a) Room, porch, yard, roof and tent—sleeping; (b) Arrangement of bed and sitting-out chair, with reference to drafts, sun, etc.; (c) Proper clothing.

4. Discipline and Strict Regimen—Rules and Routine—"The Will to be Well."

X. CLASS AND DEMONSTRATION

Supervision of Rest:

A. Time of Day.

B. Manner of Taking:

1. Complete relaxation: (a) Position of patient at rest; (b) Support of all parts of body, including feet.

2. Arrangement of chair in open air.

C. Clothing:

1. Adequate.
2. Not too heavy.

D. Protection from:

1. Sun. 3. Rain.
2. Wind. 4. Cold.

Diets:

A. Arrangement of Trays—Cleanliness

and Attractiveness:

1. General diets.
2. Special diets as in laryngeal, intestinal, fever or severe hemorrhage cases.

B. Service of Foods:

1. Hot. 2. Cold.

C. Care of Dishes, Tray Cloths and Napkins.

D. Principal Precautions to be Observed in Dining Room:

1. Grouping.
2. Cough.
3. Expectoration.
4. Special care of napkins.
5. Care of hands before entering.

XI. LECTURE. TREATMENT—GENERAL PRINCIPLES, *Continued*

A. Supplemental Factors:

1. Exercise: (a) Walking; (b) Graduated Work; (c) Occupational and vocational therapy.
2. Climate: (a) Temperature; (b) Humidity; (c) Altitude; (d) Winds; (e) Dust and smoke.

B. Incidental Factors:

1. Drugs, patent medicines,

alcohol, tobacco.

2. Tuberculin.
3. Artificial pneumothorax.
3. Heliotherapy.
4. Hydrotherapy.
5. Massage.

C. Tuberculin:

1. History.
2. Different preparations.
3. Diagnostic value.
4. Therapeutic value.

XII. CLASS AND DEMONSTRATION

A. Supervision of Exercise:

1. Prescribed by physician:

- (a) Kind.
- (b) Length of time.
- (c) Clothing.
- (d) Effect of exercise on temperature, pulse, respiration.

(e) Accurate record.

B. Recreational and Diversional Exercise:

1. Principal effects to be considered: (a) Physical; (b) Mental.
2. Demonstration by occupational therapist.

XIII. LECTURE. TREATMENT OF COMPLICATIONS AND SPECIAL CONDITIONS

A. Complications and Their Treatment:

1. Tuberculosis of larynx.
2. Tuberculosis of intestines.
3. Tuberculosis of joints.

4. Hemorrhage.
5. Pleural effusion.

B. Surgical Measures in Tuberculosis.

6. Spontaneous pneumothorax.

XIV. CLASS AND DEMONSTRATION. SPECIAL TREATMENTS IN TUBERCULOSIS

- | | |
|--|---|
| A. Hemorrhage: <ol style="list-style-type: none">1. Control.2. Disposal of expectorated blood.3. Care of contaminated linen, etc. | B. Spontaneous Pneumothorax.
C. Special Surgical Technique: <ol style="list-style-type: none">1. Tuberculin.2. Pneumothorax.3. Pleural puncture. |
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XV. LECTURE. GIVEN BY PUBLIC HEALTH OR SOCIAL EXPERT

- | | |
|--|---|
| A. Organized Movement for Prevention of Tuberculosis. <ol style="list-style-type: none">1. When it began.2. Leaders.3. Organization, etc. | <ol style="list-style-type: none">1. Literature; publications.2. Lectures, special campaigns, etc.3. Direct instruction, in homes, schools, etc. |
| B. Social and Economic Factors and Their Control: <ol style="list-style-type: none">1. Housing.2. Overwork in industry.3. Low wages leading to undernourishment.4. Recreation—how related to occupation. | E. Legislation: <ol style="list-style-type: none">1. Compulsory reporting of cases.2. Compulsory and permissive laws establishing state and county sanatoria and public health nurses. |
| C. Sanitary Factors and Their Control: <ol style="list-style-type: none">1. Personal and family hygiene.2. Community hygiene. | F. The Role of the Nurse in the Prevention of Tuberculosis: <ol style="list-style-type: none">1. In the hospital.2. In clinics and dispensaries.3. In homes, visiting nurse associations, etc. |
| D. Educational Campaign: | |

THE CALENDAR FOR 1922

The Committee on Publications of the National League of Nursing Education announces that a very attractive calendar for 1922 will be ready for distribution on November 15th. This calendar will be the first of a series that will be not only of direct historical value, but will give pleasure, and deepen our appreciation of the character, vision and accomplishments of the women who blazed the trail for modern nursing in America. The first of the calendar series will present the portraits of twelve nurses chosen by a most liberal expression of opinion, representing the entire country geographically, and the profession in all its departments; with brief biographical sketches that will give the reader not only a glimpse of the work and influences of the nurse, but of the woman as well. The cover will present a charming sketch of the first school for nursing under the Nightingale plan, set in an attractive border.

The Committee expects that whatever proceeds may accrue from the sale of this calendar will be used to maintain and develop the activities at the Headquarters of the three National Nursing Organizations, which is a cause that should interest every nurse.

The Committee will endeavor to reach the schools for nursing and alumnae associations, as well as nurses in the field, with a printed description including instructions for ordering.

The calendar will retail at \$1.00 per copy. A ten per cent reduction on orders of fifty or over delivered in one shipment will be made. Address all inquiries and orders to Headquarters National Nursing Associations, 370 Seventh Avenue, New York City.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director, Department of Nursing, American Red Cross

MEMORIAL TO JANE A. DELANO

TEN thousand pamphlets have been prepared for distribution by the Jane A. Delano Committee, setting forth the outline of the proposed memorial, asking for suggestions as to its form, and including a subscription pledge to be filled out by the recipient.

Many suggestions as to the form which the Memorial should take have already been received, chief among which is that of a portrait statue against a bas-relief descriptive of the nature and spirit of nursing, to be placed in the grounds of the National Headquarters of the American Red Cross, Washington.

The estimated cost is \$50,000, of which the nucleus, raised during the spring of 1919 by Red Cross nurses then in France, is already in hand. If every nurse in the Red Cross Nursing Service, now numbering 38,000, would pledge one dollar, this sum would soon be realized. It is hoped by the Committee that the fund will be complete by January 1, 1922.

The Jane A. Delano Memorial Committee includes: Lucy Minnigerode, chairman; Harvey D. Gibson, treasurer; Mrs. William Church Osborn, Mrs. Henry P. Davison, Mrs. August Belmont, Mrs. Frank V. Hammar, Mrs. L. E. Gretter, Mabel T. Boardman, Amy Alexander, Mrs. John Lynch, Anna Kerr, Georgia M. Nevins, Anna C. Jammé, Anna C. Maxwell, Mary E. Gladwin, Mrs. Lenah S. Higbee, Major Julia Stimson, Helen Scott Hay, Edna L. Foley, R. Inde Albaugh, Mary K. Nelson, Florence M. Johnson, Jane Van de Vrede, Grace Bentley, Minnie H. Ahrens, Olive Chapman, Grace Harrington, Lillian L. White, Clara D. Noyes, General Merritt W. Ireland, Admiral E. R. Stitt, General Hugh S. Cumming and C. Powell Minnigerode.

Pledges may be sent to Harvey D. Gibson, 26 Broad Street, New York City, or to the Division Director of Nursing nearest the donor's home, or to R. Inde Albaugh, National Nursing Headquarters, 370 Seventh Avenue, New York City.

RECALL OF THE RED CROSS CAPE

THE following order from the office of the Surgeon-General to all Hospital Divisions was also received by the Director of Nursing Service of the American Red Cross relative to the recall of the Red Cross capes and caps:

It is considered advisable that the Red Cross cap and cape now used by nurses in the United States Public Health Service should be returned to the Red Cross and the nurses in the Public Health Service provide themselves with the uniform cap and cape of the Service.

All nurses, therefore, having in their possession Red Cross caps and capes are directed to return these to the Red Cross October 1, 1921. It is directed on that date that nurses in the Public Health Service shall don the cap and cape of the Public Health Service.

(Signed) H. S. CUMMING, *Surgeon-General*.

It is a matter of very great regret to the Red Cross Nursing Service that the United States Public Health Service has felt it necessary to take this action. The cape has become greatly endeared to the nurses themselves because of its traditional and sentimental value and moreover its withdrawal may react upon the efficiency of the Service.

THE COLUMBUS CONVENTION

With a registration of nurses bordering closely upon 400 and the place of the nurse in the Red Cross organization plainly indicated in practically every phase of the programme, the success of the National Convention in Columbus, October 4 to 8, from the standpoint of the nursing profession was one of the distinctive features of a thoroughly satisfactory convention.

The Nursing Service figured conspicuously in nearly every aspect of the programme while the pageant, the most moving spectacle of all, undoubtedly derived its chief inspiration from the scenes in which the Red Cross Nurse,—self-effacing, untiring, unflinching,—ministered to the wounds and afflictions of mankind.

Home Hygiene and Care of the Sick, taken up in a session managed by Chapter delegates, registered a gratifying amount of interest in every part of the country and every phase of life. Both in the papers read and in the general discussion had upon the subject, the importance of this course as a means of preparing our American women and girls for the emergencies that are the almost universal lot in every walk of life,—the minor problems of health and disease,—was reiterated. That it may become a part of every High School curriculum, provided for in the school budget, was the hope unanimously expressed. Public Health nurses heartily endorsed the course as one of the best bulwarks of safety and health conservation, creating as it does groups of persons in the most remote communities who have been specially prepared by means of the instruction to carry on the message of public health service, not to mention its constructive value to the individual and the family unit. The programme of the Junior Red Cross also touched upon the advantages of Home Hygiene and

the school nurse, while the Health Service was largely concerned with the work of the Public Health nurse.

The Home Service programme, with its project of health clinics for ex-service men, again linked up the nurse with his care in the United States Public Health Service hospitals.

A feature of the Nutrition Service was a reunion of dietitians who had served during the war. The section meeting on nutritional service was largely concerned with a nutrition programme that could be carried on successfully either in such communities as were able to maintain specialized nutrition work, or in chapters where such specialized service was not available.

The session on Public Health Nursing was largely attended and chapter delegates participated intensively in the discussion. Miss Wald reviewed the Public Health Nursing Service of the Red Cross from its small beginning to its present proportions. Miss Fitzgerald gave a delightful talk on the foreign programme, and Annie W. Goodrich, in an inspiring address, emphasized the importance of establishing suitable opportunities for education in order that the health programme, not only of the Red Cross, but of the country at large, might be carried on with success. To this end she urged the coöperation of the chapters and bespoke also their coöperation in the student nurse recruiting movement. Letters were read from the three Surgeons-General, that for the Navy being read by Commander Bruce. On account of their work in Europe it was impossible for Helen Scott Hay and Mary S. Gardner to attend.

The Ex-Service Nurses' Reunion was a most inspirational meeting, being attended not only by the nurses but also by men and women from the chapters, who crowded in, interested and eager to pay tribute to the nurses. At the general meetings held in the Coliseum, nursing was again well represented.

But it was undoubtedly the Pageant that showed most dramatically and most convincingly the place and the prestige of the Red Cross Nurse in the lives and memories of men. Here her mission of healing and consecrated service shone forth in episode after episode as the noble array of heroic women was marshalled before the immense audience.

Beginning with the story of the Good Samaritan, the theme of the Pageant,—the ministrations performed in the name of humanity for earth's afflicted and diseased, was sustained with remarkable beauty and imagery. Historic episodes in the life of Queen Helena, the Crusaders, Florence Nightingale and Clara Barton were strikingly presented, the scenes paving the way for the spectacular battle scenes of the late World War. Here the ambulances, with nurses and doctors

to the fore, were shown ministering to the wounded at First Aid Stations. Followed the Overseas Personnel, nurses in the various uniforms belonging to their respective services, leading the procession, the gray of the public health nurse, the white indoor uniform, even the raincoat and rain hats, vying with the historic scarlet-lined Red Cross cape in the imposing array. As the nurses marched forward, unostentatious, poised, self-effacing, the great amphitheater's close-packed audience rose as one man, and roars of deafening applause rolled out above the assemblage.

"This is the personification of service in its widest and deepest sense,—the Red Cross Nurse!" exclaimed one of the on-lookers, carried away by the inspiring spectacle. And his declaration unmistakably voiced the sentiments of all that vast throng.

In further recognition of the nursing profession, the role of "Mercy" was given to Miss Noyes, as Director of the Red Cross Nursing Service, who occupied the stage together with "Love," "Courage," "Sacrifice," "Hope," "Purity," "Humanity," "Columbia" and "Community." Nurses were also given parts in practically all of the remaining episodes, visualizing the work of the Public Health, Disaster Relief and Home Service personnel.

The success of the Pageant surpassed even the most sanguine expectations. It is not too much to assert that a more striking revelation of the righteousness of the ideals of the nursing profession or of the value of the nurse's service to humanity has never before been presented in this country, while the responsiveness of the audience proved conclusively the confidence the people at large repose in the Red Cross Nurse.

One of the factors that contributed substantially to the success of the convention and the comfort of those who attended was provided through the thoughtfulness of the Local Committee, and consisted of a Nurses' Headquarters where a registry was maintained and a first-aid room where tea was served daily. Nearly 400 nurses registered here, a most satisfactory showing. The committee in charge included Marie Brockman, chairman; Bertha Love, secretary; Mary Gannon, Margaret Rogers, Elsie Ruffer, Marie M. Schoenherr, Catherine Smith and Emma L. Warr. Miss Anderson of the Lake Division looked after the daily demonstrations in Home Hygiene and Care of the Sick and Miss Jammé's committee,—as did, in fact, every other committee,—contributed materially to the excellence of the entire nursing service programme and exhibit.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARR, R.N., DEPARTMENT EDITOR

National Organization for Public Health Nursing

AMERICAN PUBLIC HEALTH ASSOCIATION TO HOLD HEALTH INSTITUTE

ONE of the features of the fiftieth annual meeting of the American Public Health Association this year is to be a Health Institute. It will be held in New York City from November 8 to 11, the convention itself taking place the following week, November 14 to 18.

The purpose of this Institute is to afford to public health workers an opportunity to see the operation of established methods applicable to various phases of public health, as the hygiene of mother and child, public health nursing, vital statistics, social work, sanitary engineering, laboratory procedure, control of communicable diseases, mental hygiene and industrial hygiene. The Institute is sponsored by the American Public Health Association, the Health Department of the City of New York, the New York State Department of Health, the United States Public Health Service, and the National Health Council, with the coöperation of a hundred other organizations.

An interesting programme has been arranged. The section on Public Health Nursing has as its chairman Elizabeth Gregg of the New York City Health Department. The following are the tentative plans for the demonstrations to be presented in this section. In addition there will be opportunities to visit other institutions and clinics:

November 8—School Medical Inspection: (a) Morning inspection, (b) Routine class room inspection, (c) Physical examination, (d) Consultation of parents. Also Little Mothers' League, Health League, and various clinics, as dental, eye, sight conservation, etc. Community health work of the Association for Improving the Condition of the Poor, including nursing activities.

November 9—Cardiac and other special classes, public schools; machinery of City Health Department for isolation and quarantine; East Harlem Health Center, opening ceremonies and demonstrations of neighborhood health work, 343 E. 116th Street.

November 10—Pre-natal clinic and Baby Health Station Service, City Department of Health; Visiting nurse services, bedside care and instruction, obstetrical, and contagious services of the Henry Street Settlement.

November 11—All day trip and visit at Lederle Laboratories, Pearl River, N. Y.

November 12—A boat trip around Manhattan Island is being arranged for all stations.

The headquarters of the Institute will be either in the Conference Room of the National Health Council, 370 Seventh Avenue, or the Hotel Astor, depending

on the number of enrollments. A nominal fee, amounting to not more than \$10 will be charged. A special News Letter giving a complete programme and description of the Institute is being issued by the American Public Health Association. Further information can be obtained from Dr. D. B. Armstrong, National Health Council, 370 Seventh Avenue, New York City.

A STUDENT NURSE'S IMPRESSIONS OF PUBLIC HEALTH NURSING

By Helen Daly, Butler Hospital Training School, Providence, R. I.

AFTER six weeks' affiliation with the Providence District Nursing Association, the student nurse finds herself on the threshold of the vast and important field of Public Health Nursing. To have this branch of the profession included in the training school course affords the student an exceptional opportunity to get at least a glimpse of what is going on in this department of nursing.

The patient, with his home surroundings, presents a vastly different picture from the patient in a hospital ward, and it is with more or less difficulty that we arrange methods to equal the hospital routine. Not only must we consider the care of the patient, but we must tactfully approach other members of the family to gain their confidence and coöperation. We soon learn to be keen in gaining information concerning social and economic problems which invariably complicate illness in the family. Then comes our opportunity to preach the gospel of "hygiene and sanitation" and in so doing we must always consider the mental equipment of the patient. Having received the greater part of my training in a hospital for mental and nervous diseases, symptoms of mental or nervous disorder always seem more or less prominent. It is indeed interesting to note the psychic changes that accompany many illnesses, and one can readily appreciate the necessity of further development of mental hygiene. The work, as a whole, is most gratifying and tangible results are very impressive.

Although six weeks is a brief period in which to view the broad expanse of Public Health Nursing, it is at least sufficient to stimulate one's interest in the activities of this rapidly developing field.

ITEMS

THE Providence District Nursing Association has recently prepared an "Outline of Pupil Nurses' Training in Public Health Nursing." Aim, Methods in General, Detail of Schedule and Daily Routine are taken up in detail. This outline has been carefully worked out and is the result of years of experience in giving to students in training schools during a brief period the best that an excellently organized District Nursing Association can provide.

ONE of the resulting advantages of "that practical experiment in coördination," the combination of headquarters of health agencies at the Pennsylvania Terminal Building, 370 Seventh Avenue, New York City, has been the showing of several new films in the Conference Room to members of the organizations

and their guests, with the idea of getting expert criticism on the details and structure of the films. The National Committee for the Prevention of Blindness recently put on the screen two motion pictures, now ready for release. "Through Life's Windows" shows faithfully and dramatically the structure of the eye and the reasons for correcting defects by the use of glasses. "Saving the Eyes of Youth" will consist of three reels, the first of which was shown. This takes up "Care of the Babies' Eyes," and brings in the need for general knowledge of the importance of early care, the existence of clinics, the educational work of Maternity Centers, Little Mothers' Leagues and other helps. The second reel will deal with saving the sight of children of pre-school and school age. The third will show the possibilities of a sight saving class for the education of children with seriously defective vision.

"The Reward of Courage," the first film dealing with the cancer problem, is now ready. This has been very carefully prepared under the direction of the American Society for the Control of Cancer, and subjected to searching analysis and criticism, the popular dislike to plain discussion and presentation on cancer kept constantly in mind. The dramatic appeal is quite strong. This is a precursor of other pictures which will take up special phases of the whole problem. Viewing these films, one realizes what a power the silent drama may be, applied to the enlightenment of the appalling ignorance that still exists on both unnecessary blindness and unrecognized perils of cancer.

THE Annual Report of the American Child Hygiene Association has just been issued. The report contains such a wealth of material touching every phase of child welfare, it is difficult to pick out special papers for mention. Herbert Hoover contributes, A Programme for American Children; Dr. Lottie G. Bigler, Expectant Mothers in Rural Regions; Zoe La Forge, How Can a Public Health Nurse Organize Rural Infant Clinics? The mental health of the child, health education, the economy of a proper knowledge of nutrition, and the round-table discussions of many problems make this volume of peculiar value.

WITH the question of disease conditions unavoidably the predominant idea in the life of the student nurse, a daily reminder of health might not come amiss. The National Child Health Organization furnishes this in a delightful fashion. Happy's Calendar, written by Cliff Goldsmith and illustrated by Jessie Gillespie, is a pleasant way indeed of having those simple "health habits" which we should all know, and so constantly neglect, kept before us. We can picture a student nurse in possession of one of these charming calendars, taking all sorts of piquant suggestions to her delighted patients. "Misery loves company—if it isn't a doctor," "Brushing the teeth twice a day won't wear them out," "Take a shower now and then and avoid looking like a storm," "Even a soft-boiled egg has a little iron in it," "Laughing is a far better exercise than kicking." Every sort of hygiene you perceive, and joyously illustrated. Can be obtained from 370 Seventh Avenue, New York.

MARY BEARD, director since 1912 of the Instructive District Nurses' Association of Boston, and for nearly three years president of the National Organization for Public Health Nursing, has resigned from the Boston association. Miss Beard expects to spend a year abroad and is now in Italy.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

THE HYGIENE OF VENTILATION

BY MAUDE BARTON, R.N.

Newton Centre, Massachusetts

THE importance of the problem of ventilation is not to be questioned. It is well known that overcrowding, beyond a certain point, is fatal, as was illustrated by the notorious Black Hole of Calcutta and by the underground prison at Austerlitz. Conversely, the fresh air treatment of tuberculosis and other diseases is one of the fundamentals of medical and hygienic practice.¹ It would at first glance appear to be simply a question of adequately replacing the vitiated air within by a never ending stream of fresh air from the inexhaustible supply without by natural or artificial means, but this, as we know, is often extremely difficult under present conditions of home and business life in cities.

The latest stipulations made for adequate ventilation are that the quantity of air and its physical condition must be considered in order that the human machine may operate at the highest level of health and efficiency. In fact a satisfactory system of ventilation must comply with many requirements before it is accepted: 1, It must bring pure air from without in order to dilute and remove the products of respiration, as well as other sources of vitiation; 2, It must maintain the air within the room at a proper temperature and humidity and, further, must keep the air of the room in gentle and continuous motion; 3, It must remove the gases, odors, bacteria, dust and other substances that contaminate the air of inclosed spaces; 4, It must dilute and remove the impurities produced by the burning of gas, candles, lamps, and other sources.²

There has been a gradual development from the former popular theory,—that the noxious effects of crowded spaces were from the chemical vitiation of the air with the consequent diminution of oxygen and increase of carbon dioxide, to the present idea,—that these harmful effects of bad ventilation are closely correlated with high temperature, and humidity of the air, aided by its lack of motion. This present point of view has been definitely proven true by Weisman and by the experiments of the New York State Ventilation

¹ Winslow, *Science*, April 30, 1915.

² Rosenau, *Preventive Medicine and Hygiene*.

Commission³ made possible by the generous gift of Mrs. Elizabeth Milbank Anderson through the New York Association for Improving the Condition of the Poor, as one of the activities of its department of Social Welfare. Experiments were carried out by this Commission in two rooms in the College of the City of New York, which were equipped so that atmospheric conditions in one room could be very closely controlled by an apparatus in the other. The students of the college were used as subjects for these experiments. They noted that the thermometer was the first essential in estimating the success of ventilation. Many practical developments by heating and ventilating engineers have confirmed this. It may be safely stated that there is no toxic, organic substance in expired air that can account for the harmful effects observed.

Over thirty years ago the first champion of this new conception was Hermans, who suggested that poor ventilation is due to the physical, rather than the chemical condition of the air. He was supported in this view by Haldane, Flugge, Hill, Benedict and others, but not until Haldane published his work in the *Journal of Hygiene*, 1905, did this new idea come to be generally considered.

The general problem of poor ventilation is inseparably linked with that of respiration, as was noted in all the original investigations. It has been proven that increased activity means an increase in oxygen consumption, which in its turn means heat production. It follows from this, since man is a relatively homiothermal organism, that there must be an approximately proportionate heat elimination. Experiments amply prove that muscular exercise increases in general the output of metabolic products and of heat.

The New York Ventilating Commission in its extensive experiments showed that the increased humidity and temperature of the air deranged the vaso-motor system, lowering the Crampton index of vasotone so that there was interference with a ready-adaptation on the part of the vascular mechanism to changes of position or to reflex stimulation. They also observed that increased surrounding temperature increased the heart rate, the respiration rate, and consequently decreased the respiratory volume, inducing vaso-dilation of the blood vessels of the skin, rendering the brain, spinal cord and various tissues correspondingly anemic. Putting the same fact into the words of Reed,⁴ "It is suggested that, in some way, poor conditions of ventilation produce effects that are manifested in the physiologic machine in much the same way as the effects of fatigue are manifested."

³ Herzotein, *Survey*, February 20, 1915.

⁴ Reed, *American Journal of Public Health*, September, 1919.

The combined work of numerous investigators⁵ has established the fact that metabolism is proportioned to body surface area. Every twenty-four hours nearly two quarts of water pass from the body as insensible perspiration as well as in vapor from exhaled air of the lungs. The heat which vaporizes the moisture, rendering it "insensible," is taken from the warm body and from the air immediately surrounding the body, meaning probably a daily loss of nearly 500 calories. And so we see that in life humidity and temperature are coexistent factors and therefore must be considered together. From eighty-five to ninety per cent of all heat loss takes place through the skin by evaporation or perspiration, as is commonly discussed in physics under radiation, convection, and conduction. Experiments show that an ordinary adult will produce and must be relieved of sufficient heat in the course of an hour to raise the temperature of 1,000 cubic feet of air, 15 to 20 degrees. If this cooling evaporation of perspiration from the surface of the body is diminished by overheated and humid air, and if the hot, humid envelope next the skin does not give place to a cooler, dryer layer with its relieving quality⁶ there results a feeling of weariness, indifference and apathy toward any form of labor.⁷

To maintain a constant body temperature, metabolism must be cut down, and this is done reflexly through the heat regulating center. Health and life itself depend upon a uniform temperature of the blood. A "comfort zone" for indoor temperature has been defined by the Chicago Commission of Ventilation: namely, a temperature somewhere between 18 to 21 degrees C., or 55 to 70 degrees F., and a humidity of 30 to 55 per cent, a much lower relative humidity than that found out of doors.

Although it is true that, as carbon dioxide increases in amount in occupied rooms the temperature and humidity also increase, nevertheless carbon dioxide does not accumulate in a room in direct ratio with either heat or humidity and cannot, therefore, be used as a determining factor in ventilation.⁸

For satisfactory ventilation, not only the physical condition of the air must be considered, but also a generous supply of fresh air is found necessary in order to keep the chemical composition within reasonably normal limits. Attention, however, should be directed to the source of this fresh air. It is unsatisfactory if it is smoky, dusty, bacteria laden, or if contaminated with gases or odors from cellars or immediate surroundings. It is a foolish empiricism which maintains

⁵ Hubbard, *Architectural Record*, January, 1917.

⁶ Keber and Hanson, *Diseases of Occupation*.

⁷ See *American Journal of Public Health*, November, 1917.

⁸ Broadhurst, *Home and Community Hygiene*.

that outdoor air, as nature makes it, is necessarily the final word in air conditioning. It is known, in general, that dry air is a tonic and stimulating, as also is cold air; that warm air is depressing, and moist air is even more so. It is the task of applied science to take the best elements in a natural environment without the bad.¹ In fact, the art of ventilation consists in adapting indoor conditions to indoor life. As much forethought and scientific study should be put into this system as is always put into the water, gas, electric and plumbing systems when building a house, office building or factory.

Removal and dispersion of bad air and the introduction of fresh air are accomplished either by natural or artificial means. Window ventilation has been put forward as a panacea for all ventilation ills, but how little is scientifically known of its worth or its difficulties. Coincidentally, splendid advance has been made in the working out of the mechanical problems of ventilation.

In estimating air needs, most people still accept 2,000 cubic feet per hour as the average need for each individual, but it is now realized that the upper layer of air is little affected by the fresh air below, hence this leads some authorities to emphasize the square feet of floor space. These later requirements range from 10 to 50 square feet per person, varying with the cubic feet of air space also obtainable for each. It is not alone the air space, but also the shape of the room that influences ventilation. Ordinarily, 12 feet is high enough for the ceilings of school rooms, museums, and hospitals, and 9 feet for the rooms of private dwellings.

By the use of thermostatic devices, accurate control of the degree of humidity and heat can be obtained. The best results in artificial humidification have been through the medium of the air washer. While the primary duty of the air washer was to remove dust and soot from city air, its field was soon extended to air moistening and cooling through devices for controlling the temperature, and also extended to the removal of bacteria, molds, epithelial scales, particles of various descriptions, as well as odors and some gases, but not carbon dioxide. Washing is the best way to purify the air, as it imitates nature's process during a rain shower. In 1913-1914, the Ventilating Committee of Springfield showed satisfactorily that there was no difference between washed recirculated air and outdoor air similarly treated, as far as bodily comfort was concerned.²

Whether ventilated by natural or mechanical means, proper inlets for the fresh air, and outlets for the vitiated air must be provided. Perhaps the best arrangement is to have the inlet above and the outlet below, both on the same side of an inner wall, with attention

² Kimball, *Science*, April 30, 1915.

paid to the source of the fresh air inlet. Crowded buildings and dusty city streets, smoke and spent gases from automobiles, render a clean, secure air impossible without resorting to artificial purification. This fact points out the necessity for external ventilation in general,—a problem for the Public Health Department.

Artificial ventilation is expensive to install and maintain, but still it is effective in all kinds of weather, and requires less space for air ducts than does natural ventilation. A combination of the plenum and vacuum systems is the best method. The initial provisions or methods of artificial ventilation are: (1) Suitable inlets and outlets; (2) extraction by heat or creation of decided difference; (3) propulsion and aspiration. Any of the ordinary registers in which the air passes through the walls by means of a perforated iron plate, and is directed downward by a valved plate with side checks, will prove of service.

Health is the one great asset of the individual, and consequently of the nation, and when the relation of physical comfort and efficiency is firmly established we may expect to find all civic and commercial institutions fitted with cooling plants for summer as well as heating plants for winter. The efficient heating system is less than ninety years old, and the refrigerating system is already perfected, hence we may confidently expect some relief from summer heat within the next generation.

Our modern air, then, in schools, offices, public buildings and homes ought to be free from dust and odor and ought to have the proper physical characteristics and be supplied in sufficiently large amounts, thus playing a distinct and highly important part in the general trend of things toward an ever higher efficiency.

MISS MAXWELL WRITES FROM FRANCE:

"A memorial to the late Jane A. Delano has been established at Diben-Plougasnou, one of the rocky points on the coast of Brittany.

"A fund for the support of the work has been given by Miss Randolph of Baltimore, a school for the children has been opened, social work in the form of classes for girls, and instruction to mothers is carried on by the sisters. A nurse visits the sick, and cares for them in their homes. No higher tribute could be paid the memory of Miss Delano, who gave so much of her life to the cause of nursing."

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to insure publication.

LETTERS FROM NAVY NURSES

I.

FROM THE U. S. S. RELIEF

DEAR EDITOR: As you know, the part of the Hospital which holds the first place in the heart of a nurse is the operating room. On the *Relief*, our beautiful room is the height of two decks, and is lighted by 105 port holes. It extends across the upper deck and is just below the Chart House: Operating at night, therefore, would interfere seriously with the steering of the ship and to offset this, curtains have been designed that can be worked under the glass and cut off all light thrown from this part of the ship. The room is large enough to allow two operations to be in progress at the same time. Over each table is the shadowless lighting system. In rough weather we must have the means of lashing everything fixed, so you will observe in the tile decks the eyelets to which the operating tables are lashed; while the solution and instrument tables are made fixed to the bulkheads around which rods are placed for that purpose. The operating suite is so arranged that the room need be entered only by those on duty.

Coming from the elevator or from the passage way is the sterilizing room on the port side. This room is beautifully fitted with two dressing sterilizers, hot, cold, and distilled water tanks, and the utensil sterilizer—all operated by electricity. Across from this room is the instrument room and opening into the etherizing room; here we have the electrically heated blanket warmers and a cabinet for all the necessary appliances. Looking across the port side from here you will see the scrub-up room with the knee attachments for water control. From these last two rooms and through the main corridor one enters the operating room; therefore, by this arrangement you see messengers sent to the sterilizing room need not cause confusion or carry dust into the all important space.

You have been wondering no doubt where our nurses live. You have been over the greater part of the ship, but saw no trace of "Women's Quarters." Here is where the designer of our hospital ship was most thoughtful, for he placed our quarters where we would be quiet and would be least interfered with by the passing to and fro of the ship's personnel. On the superstructure deck let me show you—not where the captain and the master of the ship live—but our delightful Nurses' Quarters. The ward room runs across the ship, giving us air and view from both sides. That is, we get the view when we are at anchor and the boats are down. Five staterooms open into the ward room and in each stateroom live two nurses. The rooms are fitted with two berths, upper and lower, two secretary bureaus, two toilet lockers, a good sized wardrobe, and a wash stand with running fresh water. Opening into the ward room, also, is our pantry or, as you would call it, a kitchenette. Down this small passage is the Chief Nurse's stateroom and beyond are the baths and toilets.

It is all very compact and yet the arrangement is most successful. Very little adjustment is necessary on the part of the nurses to fit into this small space and there need be no overstepping the bounds of complete privacy.

In closing, I want all who read this description of our beautiful Hospital Ship to feel that it is OUR ship, YOURS and MINE, and that every one who will visit her is welcome because she belongs to OUR Country.

J. B. B.

'Previous letters on the Hospital Ship *Relief* have been published in Vol. XXI.

PRIVATE DUTY VERSUS RECRUITING NURSES

Dear Editor: Many and various opinions are expressed as to the shortage of nurses. Many organizations are instituting recruiting methods, some of which, no doubt, have been successful; but are the attractions great enough to supply the ever increasing demand for nurses? No; we must endeavor to strengthen our attractive powers if we hope to restore the present shortage to normalcy.

The profession has with each passing decade made wonderful inventive and scientific advances. New branches of nursing are each year becoming prominently identified. Intensively technical training is required to fill some of the various nursing posts. Do we not think sometimes of the laxity in general allowed private duty or bed-side nursing? The opinion is almost universal that any kind of a nurse can do private duty. Why? Is not private duty one of the most conspicuous branches of nursing? Many nurses are doing private duty today because they do not care to pursue some other branch considered more intricate. Is not private duty nursing associated more closely with the public than any other form of nursing? With justice to all, should not private duty nursing be strengthened by the addition of the highest type of womanhood, of nurses whose ideals are imbedded in the soul depth of our illustrious predecessors? I am wholly convinced of the fact that a recruiting campaign in this form would be more effective than any existing method. Do we economize with defective foundation materials in the structure of architecture? No; the soundest, most perfect materials obtainable are used—if imperfect materials must be utilized, they are adjusted in places which are more accessible. Such are the fundamentals which underlie private duty nursing. Superintendents of training schools and others in executive places, will you not assist in forming an alliance to make stronger this weakening branch of our profession? All nurses possess not the highly illumined soul of Florence Nightingale, but many who are now aimless could be assisted by the more highly inspired. Wonderful response could not be anticipated in a few months or years, but with diligent help many difficulties will be overcome each year, with success and happiness to the on-coming generation.

Miss.

ADA MCP. FINLAY.

CARE OF GOLD FISH

Dear Editor: Having had the JOURNAL for years, I am always interested in its columns. In this month's issue, I find an article by Margaret C. Williams on interesting the patient and on the care of gold fish. I would like to offer my rule on the care of fish, as it seems much less trouble than Miss Williams seems to think. Some four years ago I purchased five gold fish, and a box of pebbles, put them in a glass bowl half full of water from the faucet, and began to give the fish food every day and to clean out the bowl every week. During the second week, one fish floated and seemed about gone. I looked up treatment, which was to get normal salt solution, about one quart, and put in the sick one, also the well, keeping them in about ten minutes. I got the bowl ready, put them back, and read more on the care of fish. Everything pointed to overfeeding. From that time on, I fed them once a week and cleaned the bowl once in from four to six weeks, giving the salt bath, and I still have the fish with the exception of one that died while I was on my vacation.

Massachusetts

K. M. M.

FROM A SUCCESSFUL NEWS GATHERER

Dear Editor: Your inquiry regarding the gathering of news items from our state was a distinct surprise to me, as I have felt that the state was not properly represented. I am located in one little corner and find many things

happen without my learning of them. However, I do make an effort to have the Chairman of the Publicity Committee in each District send the news items from her District. Then, whenever I am writing to superintendents or public health workers in the state, I ask them for news. At the District meetings I try to get the local news. If nurses of the other Districts come to call on us, I take that opportunity to ask for news. I believe that if one could have "reminders" sent to the Districts each month, the items would increase greatly, besides representing the state in a much better manner.

Iowa

A. B.

FURTHER INFORMATION ABOUT DITA H. KINNEY

Dear Editor: After the death of my aunt, Mrs. Kinney, I wrote to Miss Maxwell, as she had known her very well, and she sent me a sketch in which are some items that were not included in the death notice published previously. Mrs. Kinney died in Bangor, Maine, where she had lived for the past seven years. She had remarkable talent as a teacher, and also wrote several books, one of them being, *Glimpses of Life in Manila*. During the war she not only conducted Red Cross classes, but did some teaching in the Eastern Maine General Hospital. She had a beautiful contralto voice and gave much pleasure in her earlier years by her singing in parlor and concert and as a member of various church choirs. She was buried beside her husband in Trinity Cemetery, New York City.

New York

E. M. K.

A CLASS REUNION

Dear Editor: The Class of 1904, Methodist Episcopal Hospital, Brooklyn, N. Y., held a class reunion in Rome, N. Y., the last week in June. This celebrated the twentieth anniversary of the first meeting in Brooklyn. There were ten in the class, eight of whom were present at the reunion: Jessie Herbert, Cherry Valley, N. Y.; Mrs. Harry Taylor (Mary Owen), Montclair, N. J.; Mrs. Hastings Olton (Mary Stutt), Cranford, N. J.; Mrs. Charles Smith (Mildred McFarlane), Ottawa, Canada; Mrs. I. Waring (Julia Sandberg), Portland, Ore.; Nellie Hamill, Superintendent Hospital of the Good Shepherd, Syracuse; Edith Burns, Superintendent Rome Hospital, Rome, N. Y.; Grace Scott, Superintendent of Nurses, Rome Hospital. The two unable to be present were Louise Heitman, Pittsburgh (detained by personal illness), and Mrs. Charles Wheeler (Gene Fancher), White Plains, N. Y., whose three children were ill. Greetings and messages of regret were received from them, also a telegram from Eugenia Frost, their former surgical supervisor. During the reunion the class went by automobile to see Mary Thomas, former night supervisor, who resides in Vernon, N. Y. A class dinner was held at Trout Brook Inn in the foothills of the Adirondacks, which was reached by automobile. The class flower (sweet pea) was in evidence as table decorations and on the place cards. Other dinners and picnics were held where old times were reviewed and many happy memories revived. A very intense class spirit has always characterized the class and this has been kept alive by a round robin class letter which is kept in perpetual motion and brings news of all the class at intervals. Interest in nursing matters was renewed in some of the married members, who found themselves "back numbers" and decided to send in subscriptions for *The American Journal of Nursing*.

New York

G. S.

NOTICE TO OVERSEAS NURSES

Dear Editor: On September 7, there gathered at the home of Mrs. Kal Nisalentz, 311 West Eleventh Street, New York, a few old Army nurses who

were on duty overseas at Bases 87, 117 and 65. Among those present were: Anna Quinn, Katharine MacDonald, Mrs. Frank Preston (Emma Pierce), Clara L. Franklin. Will any of the other Base 117 nurses communicate with Mrs. Nisalents?

New York.

G. P. N.

FROM A MARRIED NURSE

Dear Editor: I have received the Journal from my graduation until a year ago when I was married. I find without it one loses all knowledge of new nursing methods, and in fact becomes very rusty in general.

Texas.

W. G.

JOURNALS ON HAND

Mrs. W. E. Struthers, 558 Bathurst Street, Toronto, Canada, has the following numbers of the Journal on hand: 1913—July, August, October through December; 1914—full year; 1915—January through November; 1916—full year; 1917—January through June; 1918—September, November, December; 1919—January through March.

JOURNALS WANTED

A complete file of THE AMERICAN JOURNAL OF NURSING is wanted, preferably unbound. Address Carolyn E. Gray, Department of Nursing Education, Western Reserve University, Cleveland, Ohio.

IS THE MODERN NURSE "COMMERCIAL"?

I.

Dear Editor: An article relating to Nursing in the *Pictorial Review* for October, claiming to express the views of a prominent surgeon, though some of it is unfortunately true, gives a general impression which is most unfavorable to our profession, especially in the minds of the laity. Will some nurse answer it in the same magazine, and explain to a misinformed public what a trained nurse really is?

North Carolina

M. R. B.

II.

Dear Editor: Knowing that you always welcome frank expressions of opinion from your readers, I am writing to comment on Dr. Mayo's article in the October number of the *Pictorial Review*. I am impelled to do this not so much because the article either impressed or distressed me, personally, but because it has seemed to do both to any number of nurses who have spoken of it. Perhaps my analysis of Dr. Mayo's statements may be deemed a misinterpretation, but I am moved to make such an analysis first, because no one else has seemed to grasp certain points that are plain to me; and second, because it is not altogether fair to Dr. Mayo to condemn all he says because we find ourselves unable to endorse some of what he says. I think the title of this article is all wrong; by the showing of the text is it not "Wanted,—100,000 Girls for Sub-Nurses," but "Wanted,—One Woman in Every Home to Understand Nursing and Enough Highly Trained Nurses to Direct Them!" With some such title as that, I believe much of the criticism leveled against the article would have been impossible. We all recognize the value of intelligent help in caring for the sick; such help, if given to the nurse either in the home or hospital, necessarily relieves her of much detail and many unnecessary services of a semi-technical nature which, as Dr. Mayo says, may well be performed by an instructed young woman of good health and average intelligence. In this connection Dr. Mayo goes to some

length to define the characteristics, mental, physical, and spiritual, with which women should be endowed to become good nurses, and while he gives less attention and emphasis to the educational qualities which the profession should and does demand, still no nurse could object to the picture which he draws of the ideal nurse. His experience has eminently fitted him to understand the qualities which a nurse must have, and if he seems to depreciate these qualities, I cannot help thinking it is because more emphasis has been placed on the necessity for giving more general education to women along nursing lines than because he thinks less special education should be given to nurses. I have disposed of this feature of the article first because it is directly concerned with its title and because the title seems misleading. However, the principal point for criticism by the nurses may be said to be that which deals with the economic problems which touch the nurse, and here, quite unconsciously, Dr. Mayo presents an arraignment of the hospital systems which produce our trained nurses, rather than of any inherent quality of commercialism in the nurse herself. The average nurse trained in the average hospital and used during her last year of service as an actual financial asset for the conduct of this hospital, imbibes the idea that she must get out of her profession as much, financially, as she can. The hospital gets this out of her in service; in return, she must get it out of the public which she afterwards serves. Then, too, the charges which she fixes for certain services rendered are fixed on a general and not a special basis; few indeed are the private duty nurses who are ever in position to demand an eight-hour day, as Dr. Mayo says they do, and fewer, if any, are ever able to maintain such a day for any sustained number of months. Hence the economic value of a nurse's service must be based on the time she loses, and the fact that she is never in position, while on one case or in one position, to safeguard her future work by making plans for it in advance, hence her charges are based on the idea of a regular income rather than on that received for any one special piece of work. Doctors do not hesitate to fix their charges in proportion to their skill, for as the famous oculist said to the farmer whom he charged \$5, when he extracted a cinder from his eye, after only a second's work: "It's not the time I charge for, but the knowing how," and for the nurse to "know how" means years of careful study, practice and experience. In those training schools that are associated with educational institutions, where the nurse gets part of her training in the class room and the other or practical part in the hospital, I can safely say she feels more of the ethical and less of the economic influence in her work, and this, too, because commercialism is in abeyance during her days of educational effort. When Dr. Mayo says in actual words: "The third year in the training course is little more nor less than exploitation of the student nurses for the benefit of the hospitals," he reveals more than he conceals of hospital methods, although he seems to lose sight of the effect that such a situation has on the nurse herself. Perhaps he loses his perspective and his sense of value by being too close to his subject; if he did not, he could not possibly fail to see the humor of the sentence above quoted when connected with his statement that "seven dollars a day for an eight-hour day is more than exorbitant; it is prohibitive," for he seems to be unable to see that for a full year the hospitals have used the services of this same nurse for a nominal wage because the experience she gains is believed to put her in position to charge that "prohibitive" seven dollars a day which she, presumably, has been worth to the hospital for a full year! I must say in conclusion that on the whole Dr. Mayo's article is both hopeful and helpful; he recognizes the need for more nurses and admits that the homes may provide them; he recognizes the need, too, for better and more training for "specialized"

nurses and admits that nurses are demanding such training, and the economic feature which seems to distress him does not bear the calm analysis of an unbiased and dispassionate scrutiny.

Georgia

A SUBSCRIBER.

III.

Dear Editor: There has been a vast amount of unjust criticism of the modern nurse who is accused of being guilty of the heinous crime of "commercializing her profession." Now, in order to acquit or convict, we must define the word. To Webster, commercialism means "commercial habits, methods or principles." Right now we can see the nurse convicted! She is not in the business for her health;—she must make a living wage; she does not ordinarily give her services gratis. Therefore, she must use the vulgar, commercial method of presenting a bill for her services, and receive as compensation plebeian coin of the realm, in exchange for her scientific knowledge and treatment. Commercialized,—Well, I guess so. We grant she is guilty, but listen: There's always a joker in the pack. They,—the accusers, have the wrong word. They don't really mean "commercial,"—they mean avaricious, and I do not believe the trained nurse of today need or would stoop to such an ignoble practice; no,—not one of them. To begin the argument, the motives actuating the modern young woman to enter the nursing profession are decidedly contradictory to satisfying the demands of the avaricious nature. The one thing that raises this profession head and shoulders above all other professions open to women is the fact that it demands such a high type of character and moral power for the initial qualifications. It is a veritable survival of the fittest, this long, arduous course of training. There is no logical argument to prove that greed for the material things alone is the chief motive for taking up training. Common sense shatters that belief just as surely as one day on the wards shatters "the flapper's" idea of nursing which is: to be attired in a becoming cap and uniform, and serve iced drinks off a silver tray. No, the real motive, regardless of the fact that this profession has been chosen from the rest as a means of livelihood (for nurses have discovered they cannot eat ideals, dress on professional reticence, or sleep on noble sentiments), is a deep, sympathetic love for the sick and suffering, and an exalted impulse to relieve pain and sorrow. Thus they dedicate their lives to something which the world could not appreciate. Look at it any way you will, the nurse who lacks these essential qualities fails utterly in her vows, and invariably turns to a less distasteful trade or profession, less exacting to an avaricious nature than the self sacrificing one of a nurse. Our accusers bewail the passing of the old time nurse who slaved twenty-four hours a day, "until she dropped." Comforting thought! She wasn't much good to a sick patient if she persisted in mopping up the floor with herself after a bit of exertion. Were the nurse of today to follow in her august sister's footsteps, and proceed to mop instead of conserve her strength for a crisis, where would (in common parlance) the physician and patient get off? The patient's welfare is considered first of all by the modern nurse. *First of all.* That is a simple little fact that is hard to swallow by a world whose god is Mammon. She knows that she cannot give the best there is in her if she is compelled to sacrifice all her real ability in ruthless expenditure of nervous energy and stand continuous twenty-four hour duty. The labor laws affect the hours of labor for women, except the nurse. Why? Is the nurse not a woman? Hasn't she the same physique, emotions, qualities and intellect that other women have? To discriminate in this case is only another ridiculous point of law which only constant hammering, and patient argument can change. But it will be changed, it must be. Nurses are as human as other women. Training

does not change them magically, into animated automata. Twelve hours of continuous duty on a hard case is too long. When fatigue becomes dominant, then nervous energy is ruthlessly expended, vitality is sapped and collapse results. Repeated effort after that is killing. Any hygienist will admit it; any physician will verify it. Yet nurses are supposed to see how far their strength will take them. They are commonly expected to do this. They must not admit fatigue,—that would be unethical. It is all very well after hearing these criticisms of the nursing profession to sit back in our chairs, shrug our shoulders and proceed to turn up our shapely noses at such pitiable narrow mindedness, but in the meantime, the public reads the same condemnation and sits up and takes notice. Good nurses are vital to the world. A nurse often saves patients by heroic work, when the physician's drugs are valueless. It takes years of practical and theoretical training to produce the best nurses. They don't grow on trees. The commercial world was primarily man's own sphere. When woman asserted her right to enter, she had to look at the problems she found there, with a man's eyes, from a man's viewpoint. The world is governed by the law of compensation, the law of remuneration for service. Value for value in the eyes of the world means an honest day's work for an honest day's pay. Does any nurse shirk her duty for fear she will not be sufficiently paid? Has she lowered the standard of her profession by raising her wage rate? She most decidedly has not! A higher standard in the nursing profession will be maintained by adherence to a definite scale of compensation based on a minimum rate. Then leave the actual execution of that rate to the individual nurse. She will not abuse that privilege, rest assured. It is not avaricious to expect at least the same wage rate that a common, unskilled laborer receives, and—proportionate to her training, a dollar an hour is not profiteering. The mechanic doctors a sick engine, and gets paid for overtime. The nurse deals with disordered human mechanism and gets condemned for charging half the mechanic's wage! The lack of applicants for training is sufficient evidence to the observant that the nursing profession does not offer all the plums of life to a young woman choosing her life work. If the hours were short and the pay check crowded, the line of applicants would look like the crowd at the ball grounds when "Babe Ruth" was scheduled for another home run with the bases full. No, nursing is not a cinch job. There are some of whom the profession is not proud, but we are only human. Nurses do not overestimate their services, they are just beginning to demand fair play. They are worthy of the wage due a skilled profession, they are worthy of decent working hours, they need recreation as well as anyone else, and more than the average woman who does not live under such nerve racking conditions. It is not avaricious to demand a salary proportionate to their technical training and ability, it is not avaricious to expect and demand a standard maximum working day of eight hours when one's physical strength cannot stand longer duty. It is not avaricious to demand play time. It is not avaricious to work for money, instead of sympathy. The whole profession is a distinctly contrary example of unavaricious toil. We notice some of our bitterest accusation comes from the medical profession. We cannot feel that is the sentiment of the entire body, it is too mean, too unworthy. Heretofore, the nurse's ethics embraced unquestioning loyalty to the physician. If she is not supported, the result is as obvious as it will be disastrous to the public. The two professions are inseparably intertwined. The public is dependent on both equally. So let's have no more criticism. Let the standards of the nursing profession keep abreast of the times. Their demands are but the natural outcome of an advancing civilization. Let us advance with it.

Pennsylvania

V. L. M.

NURSING NEWS AND ANNOUNCEMENTS

THE AMERICAN NURSES' ASSOCIATION

Meetings of the directors and the principal committees of the American Nurses' Association will be held at headquarters in New York City, November 2 and 3. It is expected that the date for the convention in Seattle will be chosen at these meetings, subject to endorsement by the other national organizations. This will, if possible, be published in the December Journal so that nurses who make plans for vacation far ahead may know the date.

Dues from state associations should be paid promptly, not later than December 31. State associations are asked to send with their dues the typewritten lists of members which they were asked last spring to prepare. One such list, from California, is already in, most carefully classified and arranged. These lists will be of use in association and Journal work in many ways, but will not be given to outsiders.

All state associations are asked to return as promptly as possible the nominating blanks which each received on October 1st.

A report from the secretary of the Texas State Association contains a suggestion which might be of benefit to other states: "Our state association sends its secretary once a year through the state to discuss with and help the district associations on all the matters which the A. N. A. puts up to the state. It has proven very helpful."

Four states have already (September 30) met their Relief Fund quota for 1921, of \$1 per capita: Maine, Vermont, Kentucky and Washington.

THE NURSES' RELIEF FUND

Contributions for the Nurses' Relief Fund, gathered by state chairmen should be forwarded promptly to the national treasurer, Mrs. C. V. Twiss. In some cases contributions are being kept for weeks or months before being forwarded. The money should be added promptly to the national fund in order that it may be put at interest and the income made available for the many who are applying for relief. One of the recent applicants is a nurse who has become blind. The amount, \$291.50, reported last month as coming from an unknown source, should be credited to District 14 New York.

REPORT FOR SEPTEMBER, 1921

Receipts

Previously acknowledged	\$7,514.74
Interest on R. R. bonds	40.00
Interest on Liberty bonds	85.00
California: One individual	1.00
Connecticut: Two individuals	2.00
District of Columbia: One individual	50.00
Florida: One individual	5.00
Illinois: State Assn., \$70.50; Passavant Hospital Alumnae, Jacksonville, \$10	80.50
Iowa: District No. 3	2.00
Kentucky: State Assn.	31.00
Maine: One individual	1.00
Massachusetts: State Assn.	44.70

Michigan: State Nurses' Association.....	11.00
Missouri: Three individuals	3.00
Montana: State Assn.	18.00
New York: ^a Dist. 2, \$6; Dist. 5, \$5; Dist. 9, \$50; Dist. 10, \$1; Dist. 12, \$25.20; Dist. 13, \$31; Dist. 14, \$16.....	134.20
North Dakota: Rugby Hospital Alumnae Assn.....	7.50
Pennsylvania: Three individuals	3.00
Rhode Island: State Assn.	8.00
South Carolina: Dist. 5.....	34.25
Texas: District 9	41.50
Washington: Dist. 2, \$313.40; Seattle committee, \$272.40; Whatcom Co., \$28.25	614.95
West Virginia: State Assn.	9.00
	<hr/>
	\$8,741.34

^a In honor of Linda Richards' birthday.

^b In honor of Sophia F. Palmer's birthday.

<i>Disbursements</i>	
Paid to 20 applicants.....	\$275.00
Postage	10.00
Check protested fees.....	2.50
Exchange on cheques.....	.80
Check returned, contributor deceased.....	5.00
	<hr/>
	\$ 293.30
	<hr/>
	\$ 8,448.04
Invested funds, par value.....	41,050.00

Total, Oct. 1, 1921..... \$49,498.04

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 14 E. 50th Street, New York, and the cheques made payable to the Farmers Loan & Trust Company. For information address E. E. Golding, Chairman, 317 W. 45th Street, New York.

M. LOUISE TWISS, Treasurer.

MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL, BORDEAUX, FRANCE

Miss Albaugh, at Central Headquarters, New York, reports for Elliot C. Baker, treasurer, that the interest on sums contributed, the exchange on francs, and the sale of Liberty bonds, have brought the total for the Memorial Fund to \$53,021.66.

Both Miss Maxwell and Miss Hay report that Dr. Hamilton is in frail health and that she has to be most careful, but that she is watching with greatest interest the rising walls of the Nightingale School.

THE AMERICAN HOSPITAL ASSOCIATION

The programme of the recent meeting of the American Hospital Association was carefully worked out in every detail and moved smoothly from the unusually simple registration to adjournment with few adjustments. It was a many-sided programme, emphasis being placed on special problems by the sections on Dispensary, Social Service, Hospital Construction, Administration, Nursing, Hospital

Service and Dietetics. There were also many round tables. It was planned with the needs of the small hospitals much in mind, and rightly so, for 81.27 per cent. of our hospitals have one hundred beds or less, and of these one-half have twenty-five or less. Expressions of satisfaction on the part of the superintendents of such hospitals, usually nurses, indicated that this aim of the programme builders was realized.

Papers presented at the meeting of the Nursing Section, presided over by Mary M. Riddle, covered practical points in such problems as the shortage of students, schedules for the eight-hour day, records, and the advisability of an attractive prospectus. The discussion of the shortage of applicants brought out the encouraging fact that schools that made use of modern publicity methods to acquaint the public with the very real educational facilities they possess, now have all the students they can accommodate. The use of moving pictures was dwelt upon in this connection and the film made in and shown by the Bridgeport Hospital, Bridgeport, Connecticut, was shown with telling effect. Hospital superintendents, whose efforts had been successful, declared that the time has come when money must be spent on publicity in order to "sell" the educational out-put of the hospital to the community. Laura R. Logan, Cincinnati, Ohio, and Clara B. Pound, Richmond, Indiana, were elected Chairman and Secretary, respectively, of the Nursing Section.

Mary C. Wheeler's report of the Committee on Nursing of the American Conference on Hospital Service contained many interesting data. For example, a curve following the number of schools organized from 1872 to 1920 would show a slow rise from 1872 to 1890—a very rapid rise from 1890 to 1910 (a total of 752 schools in these years in which students were discovered to be a cheap source of nursing service), and a falling line from 1910 to 1920, when only 289 schools were organized, showing the influence of the increasing emphasis placed on the educational function of the schools. Another significant graph could be constructed from the figures showing nurses graduated from 1916 to 1920, for the line would constantly rise, each year showing an increase over the preceding one, beginning with 9,573 in 1916 and ending with 11,972 in 1920. No report is available for 1921, but it is probable that there is a sharp decline in numbers.

The newer conception of the hospital as a health center and of the patient in his relation to the whole social fabric was constantly kept in mind in the papers and discussions on records, social service and dispensaries. Such papers as that by Dr. Haven Emerson on "How Hospital Records Can Contribute to Health Protection," the carefully organized and detailed one by Janet Thornton on "Hospital Social Service As It Relates to the Administration of Dispensaries," and "Dispensary Problems of the Large City" by Michael Davis, Jr., long recognized as an authority, gave much food for thought not only to administrators, but to all those concerned with sickness and health problems.

An important feature of the convention was the almost prodigal generosity with which special reports were made available. Among these were the leaflet on "The Hospital Library and Service Bureau," now established at the Chicago headquarters; Bulletin No. 32 of the Hospital Association, in which Dr. Warner, Executive Secretary, gives an account of its recent work, a complete set of the forms for hospital records developed by a special committee, and one on "Salaries Hospital Superintendents Are Now Receiving."

No description of the meeting is complete without mention of the splendidly arranged commercial exhibit which occupied the nobly proportioned atrium of the West Baden Springs Hotel. Such an exhibit has great educational as well as

commercial value. It is a time saver for the busy and it also meets a need that was well expressed by the head of an isolated Southern hospital who said, "I've had to buy from catalogues for six years and I was just hungry to see for myself what some of the new appliances looked like."

Dr. George O'Hanlon, Bellevue Hospital, New York, is president for the coming year and Dr. Ana Bacon, Presbyterian Hospital, Chicago, president-elect.

ARMY NURSE CORPS

In September, 1921, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Army and Navy General Hospital, Hot Springs, Arkansas, 2nd Lieutenants Martha J. Rose, Ann C. Joyce, and Margaret L. McCall; to the Attending Surgeon's Office, Chicago, Ill., 1st Lieut. Marguerite H. Wohlers, Chief Nurse; to the Attending Surgeon's Office, New York City, 1st Lieut. Mary Gavin, Chief Nurse; to the Attending Surgeon's Office, Washington, D. C., 2nd Lieutenants Rae D. Landy and Catherine G. Sinnott; to Station Hospital, Camp Bragg, N. C., 1st Lieut. Angeline L. Staples, Chief Nurse, and 2nd Lieutenants Elizabeth M. Beedles, Cecelia A. Finnerty, Adelaide I. Coyne, and Alma T. Skoog; to Station Hospital, Camp Dix, N. J., 2nd Lieut. Helen M. Drew; to Fitzsimons General Hospital, Denver, Colo., 1st Lieut. Rosanna M. King, Chief Nurse, and 2nd Lieutenants Marie E. Cloherty, Theresa Cloherty, and Julia E. Trabucco; to the Hawaiian Department, 2nd Lieut. Bessie L. Smith; to Station Hospital, Jefferson Barracks, Mo., 1st Lieut. Lulu M. Gerding, Chief Nurse; to the Philippine Department, 1st Lieut. Agnes F. James, Chief Nurse; to Teachers College, Columbia University, on detached duty from Walter Reed Hospital, 1st Lieut. Elizabeth Melby, Chief Nurse; to Station Hospital, Fort Totten, N. Y., 2nd Lieutenants Beatrice M. Quin, and Jane F. Browne; to Walter Reed General Hospital, Takoma Park, D. C., 1st Lieutenants Mary C. Jorgensen, Edna M. Rockafellow, and Etta M. Staub, Chief Nurses, and 2nd Lieutenants Agnes McD. Baird, Anna E. Walsh, Alice M. Kendrick.

Orders have been issued for the separation from the service of the following: 1st Lieut. Mary J. Cassell, Chief Nurse, and 2nd Lieutenants Maggie Walker, Edith C. Williamson, Maroon Meyer, Helen Wildermuth, Ruth E. Metcalf, Florence Dawson, Ethel W. Sels, Mary A. Meely, Sara J. Early, Martha E. Andrews, Ethel Yantis, Karen E. Beck, Grace A. Love, Edna M. Halleran, Martha C. Johnson, Mary E. Richards, Caledonia M. Remington, Louise S. Ludwig, Carola C. Ullrich, Catherine Velotte, Mary Z. Foard, Ella J. Brown, Lulu M. Hess, Ivy L. Thomasson, Lucy V. Thompson, Emma C. Schogren, Frances B. Phillips, Pauline J. Paulson, Anna M. Grassmyer.

Second Lieutenants Helen M. Bortree, Mary C. Donovan, and Margaret Dwyer, at Station Hospital, Camp Dix, N. J., and Esther Klain, at Station Hospital, Camp Benning, Ga., have been transferred from the Reserve to the Regular Army Nurse Corps.

The following named nurses have been appointed in the Army Nurse Corps and assigned to the stations indicated: To Walter Reed General Hospital, Takoma Park, D. C., 2nd Lieutenants Hazel Holmes, Florence B. A. Agostini, Rose E. Offutt, Eva G. Carevish, Alta Berninger; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieutenants Carolyn Peart, and Eleanor Peart; to Letterman General Hospital, San Francisco, Calif., 2nd Lieutenants Sara A. Clark and Synneve Y. Elkum; to Army and Navy General Hospital, Hot Springs, Ark., Rose Allison and Edna Henjes; to Station Hospital, Camp Benning, Ga., Elizabeth A. March; to Station Hospital, Fort McPherson, Ga., 2nd Lieut. Elizabeth

B. Murphy; to Station Hospital, West Point, N. Y., 2nd Lieut. Yvette M. Winfield. The following have been assigned to active service in the military establishment as Reserve Nurses, Army Nurse Corps: 2nd Lieutenants Lottie Glazener and Martha G. Glazner, ordered to Station Hospital, Camp Bragg, N. C.; 2nd Lieut. Georgene E. Field, to Walter Reed General Hospital, Takoma Park, D. C.

Nurses have recently been withdrawn from seventeen stations, making necessary the demotion of several chief nurses, most of whom have returned to civil life.

Twenty-five graduates of the Army School of Nursing have already applied for service in the Army Nurse Corps. There are still in the school over two hundred students of the first class, and on October 5, a class of fifty will enter. One branch will be held at Walter Reed Hospital, Takoma Park, D. C., and the other at Letterman General Hospital, San Francisco, Calif. This class marks the beginning of a permanent school of nursing in the Army, in time of peace.

JULIA C. STIMSON,

*Major, Superintendent, Army Nurse Corps, and
Dean, Army School of Nursing.*

NAVY NURSE CORPS

Appointments.—To Newport, R. I., Anastasia S. Grabowska, from Buffalo, N. Y.; To Chelsea, Mass., Anna F. Patten, from Dorchester, Mass.; Anna M. Setley, from Franklin, Pa.; Floy I. Walter, from Petrolia, Pa.; Faye E. White, from New Bethlehem, Pa. To League Island, Pa., Elizabeth H. Cooke, from Philadelphia, Pa. To Annapolis, Md., Faith Battery (reappointed), from Providence, R. I. To Washington, D. C., Florence A. Whiteside, from Madera, Pa. To Great Lakes, Ill., Thecla E. Nelson, from Hallock, Minn. To Mare Island, Calif., Emmy Hillebrandt, from San Francisco, Calif. To Puget Sound, Wash., Elizabeth Long (reappointed), from Denver, Colo.; Minnie C. Pipher (reappointed), from Emmett, Idaho; Inga J. Qually, from Seattle, Wash.

Transfers.—To Chelsea, Mass., Loretta Lambert, from Fort Lyon, Colo. To Newport, R. I., Elizabeth Hopkins (Chief Nurse), from Portsmouth, Va. To League Island, Pa., Carolyn C. Jensen, from Fort Lyon, Colo.; Susan V. Shipley, from Quantico, Va. To New York, N. Y., Gertrude M. Burke, from Portsmouth, Va. To Portsmouth, Va., Virginia L. Gray, from Sick Quarters, Naval Training Station, Hampton Roads, Va. To Pharmacist's Mates' School, Portsmouth, Va., Inez Donaldson (Chief Nurse), from Sick Quarters, Naval Training Station, Hampton Roads, Va. To Parris Island, S. C., Alice M. Gillett (Chief Nurse), from Dispensary, Navy Yard, N. Y. To Great Lakes, Ill., Aurel J. Baker, from Annapolis, Md.; Emily M. Smaling (Chief Nurse), from Parris Island, S. C.; Leah M. Jansen, from Portsmouth, Va. To Mare Island, Calif., Sarah Almand (Chief Nurse), from U. S. S. *Mercy*, Portsmouth, Va.; Cora Eastman, from Charleston, S. C. To Hospital Corps Training School, San Francisco, Calif., Viola M. Visel, from Mare Island, Calif. To San Diego, Calif., Golda B. Slief, from Mare Island, Calif. To Tutuila, Samoa, Laura Hartwell, from Mare Island, Calif. To U. S. Public Health Hospital, Oteen, North Carolina, Louise H. Clarke and Emma L. Hehir (Chief Nurse), for course of one month in tuberculosis nursing.

The following nurse has been appointed Chief Nurse, U. S. N.: Elizabeth A. Westmacott, August 9, 1921, Tutuila, Samoa.

Honorable Discharges.—Helen L. Abbe, M. N. Bailey, Marion E. Chase and Flora H. McGinty.

Resignations.—Hester Bailey, Gladys Baker, Florence A. Burn, Elizabeth H. Dwyer, Mary O. Hutchinson, Williamina Laurenson, Alleen Lightner, Caroline A. Miller, Katherine E. Oblender, Janet Redfearn, Phelonise A. Tardiff.

The following nurses in Inactive Status have been released from the Service: Evelyn L. Bourassa, Edith F. Brooks, Rebecca Brown, Eveline A. Clarke, Elizabeth F. Dewey, Nellie C. Donahue, Florence H. Falls, Helen A. Fielding, Elsie M. Hallett, Luella B. Jones, Nora M. McQuade, Lillian S. Mackintosh, Robena Riley, Maude Russell, Alice Tipping, Katherine C. Welch, Florence Wheeler, Mathilda E. Ziegler.

The following nurses have been placed in Inactive Status: Marie Hendrickson, Myrtle W. Johnson and Anna E. O'Brien.

The following nurse in Inactive Status died: Effie D. Thompson, March 8, 1921.

LENA S. HIGGSE,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers.—Elsie Schlund, Chief Nurse, Mobile No. 13; Elizabeth Welsh, Chief Nurse, Mobile No. 13, to Lake City No. 63, as Chief Nurse; Frances Ryan, Chief Nurse, Lake City No. 63, to Alexandria No. 27, as Chief Nurse, vice Irene Jennings, resigned; Laura Brown, Chief Nurse, New Orleans No. 14, to Alexandria No. 27, for temporary duty as Chief Nurse; Elizabeth Hunt, Chief Nurse, to Gulfport, No. 74, relieving Mary R. Swann, Assistant Superintendent of Nurses, under orders to report to Algiers, La., to open that hospital; Isabel F. Shannon, Assistant Chief Nurse, Stapleton No. 21, to Chicago No. 5, vice Nan Sullivan, Chief Nurse, transferred, to Chicago No. 73; Beas Thompson, Chief Nurse, Prescott No. 50, transferred as Chief Nurse to Tacoma No. 50, vice E. Weaver, resigned; Dorothy Dunn, Assistant Chief Nurse, Fox Hills No. 61, transferred as Chief Nurse to Boston No. 2, vice Mary Ellis, resigned; Edna Roberts, Assistant Chief Nurse, San Francisco No. 19, to Camp Kearney No. 64, vice Laura Nell, promoted to Chief Nurse; Agnes Dunn, Chief Nurse, Chicago No. 30, to Prescott No. 50.

The U. S. Public Health Service opened a hospital at Algiers, Louisiana, this month. The tuberculosis course at Oteen, N. C., closed September 30, after a very successful month. Two nurses from the Navy, two from civilian hospitals, and eighteen Chief and Staff Nurses from the U. S. Public Health Service took this course.

LUCY MINNICKHOOD,
Superintendent of Nurses, U. S. P. H. S.

THE U. S. CIVIL SERVICE COMMISSION announces an examination for the position of Trained Nurse, (Psychiatric), on December 7. For details, apply to the Civil Service Commission, Washington, D. C.

Delaware: The next examination for registration of nurses in Delaware will be held at the Homeopathic Hospital, Wilmington, on Monday, December 5, 1921, at 9 a. m. All applications must be in the hands of the secretary, Mary A. Moran, care 911 Delaware Avenue, not later than November 25, 1921.

District of Columbia: THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for the registration of nurses on Tuesday, November 29. Applications are to be in not later than Monday, November 14. Apply to Margaret Hutchinson, secretary and treasurer, 1337 K. Street, N. W., Washington, D. C.

Georgia: THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Savannah, November 22 and 23.

Illinois: Chicago.—Jane A. Delano Post, No. 185, American Legion, held its monthly meeting at the Chicago Nurses' Club, Monday, October 3. Elizabeth Black, Commander, was elected delegate to the State and National Conventions. Any ex-service nurse will be very welcome to the monthly meetings. New members and anyone wishing a transfer to the Post should come to the meeting the first Monday in each month. Ella Rahtge has resigned her position in charge of children's ward, Presbyterian Hospital. Mary Louise Morley succeeds her. Graduates of Mercy Hospital are reported as follows: Agnes Clancy is taking the Public Health course in Columbia University, Maude Hill, class of 1920, is surgical nurse at the Peterson Hospital, Ann Arbor. Maude Theiss, class of 1909, is superintendent of the Harris Hospital, Mendota. May Morrissey is taking a special course at the University of Michigan. Gertrude Lautz is taking the course in Anesthesia at the Post-Graduate Medical School. Jessie L. Macdonald, who has been for some years superintendent of nurses at St. Luke's Hospital, has resigned her position and will spend a year in study in Boston before resuming nursing work. On September 27, the officers and students of the school gave a farewell party for Mrs. Macdonald to express their appreciation of her service and to give her good wishes for the future. Mrs. Macdonald was given a jewel case and a clock by the students, and a thermos bottle by the staff officers. St. Luke's graduates are reported as follows: Miss Fulmer has been taking a tuberculosis course at Columbia; Miss Smart has taken a course in public health nursing in Cleveland and is now in public health work at Edgerton, Wis. Belle Beachly of Lincoln, Nebraska, took a public health course at Columbia last summer; Miss Mack is an instructor at St. Luke's; Grace Lee holds a position in the children's department at Michael Reese; Rena Murray is doing public health work at Holton, Kansas. Peoria.—PROCTOR HOSPITAL held commencement exercises on September 19 for a class of twelve in the First Universalist Church. A reception followed the exercises. Dr. T. C. Burgess, Director of Bradley Polytechnic Institute, at this time explained to the audience the affiliation between Bradley Institute and Proctor Hospital Training School, arrangements for which had just been completed. Both institutions expect to derive much benefit from this affiliation.

Indiana: THE INDIANA STATE NURSES' ASSOCIATION held its ninth annual convention at the Claypool Hotel, Indianapolis, October 6-7. The opening session was given over to reports of committees. The reports of the four district associations showed that Indiana had almost reached the 100 per cent mark in its reorganization programme, District No. 4 having reached this mark. The History Committee, of which Dr. Maude McConnell, R.N., is Chairman, gave a very interesting report of its work in securing data which they expect to use in compiling a history of the nursing affairs of Indiana. \$500 was voted by the association toward the Student Nurse Recruiting Campaign to be started in Indiana soon. Mary E. Gladwin of Ohio will have charge of this campaign. Rella Murr read a paper prepared by June Gray, on "How and Where Scholarships May Be Obtained." Colonel Russell B. Harrison, who introduced the "Nurses Bill" in the last state legislature, was a special guest at a luncheon at the Claypool following the morning session and as a token of appreciation of his work in behalf of the bill, Colonel Harrison was presented with a beautiful bronze engraved desk clock from Indiana nurses. He responded with a beautiful tribute to the nursing profession. Ina M. Gaskill, Director of the State Red Cross Public Health Nursing,

presided. The afternoon session was in charge of the Private Duty Section. Interesting reports were given by the three official central directories for nurses in Indiana, the Central Directory for Registered Nurses of District No. 4 having received 3,333 calls for nurses in the past year. Interesting papers were read by Grace Pitt on "Where Are the Private Duty Nurses?" and by Mrs. Bessie Leasing on "Little Stories of the Daily Life of a Private Duty Nurse." Frances M. Ott, Chairman of the National Private Duty Section, told about "What Other Private Duty Sections Are Doing," and urged the private duty nurses to take a more active part in nurses' meetings. Mary M. Roberts, Co-editor of the AMERICAN JOURNAL OF NURSING, discussed "Twelve-Hour Duty for the Private Duty Nurse." Miss Roberts' splendid version of this long-discussed question gave Indiana nurses much food for thought. Annette B. Cowles, Superintendent of the Indianapolis City Hospital, brought out many new phases of nursing in her paper on "Some of the Goals in the Profession of Nursing." Gail E. Tracht gave a very interesting and instructive paper on "Roentgenology." The Private Duty Section presented Mary A. Myers, President, with a corsage bouquet as a token of appreciation of her splendid leadership. The Chicken Mess (Army style), given by the Berry-Copeland Post of the American Legion, of which Florence J. Martin, former Chief Nurse of Base Hospital No. 32, is Commander, at Ma-Low's country place, was well attended. Special guests were Dr. Carleton B. McCullough, who was with Base Hospital No. 32 in France, and Mrs. Isobel D. Pirie Beyea, an ex-service nurse. Friday was given over to the Public Health Section. The principal speakers were Mary Murphy, Assistant Director of the Elizabeth McCormick Memorial Fund of Chicago and Mrs. Anne Studebaker Carlisle, State Chairman of the Committee for Recruiting lay memberships for the N. O. P. H. N. in Indiana. Others on the programme were Mrs. T. W. DeHass, who spoke on "Recruiting Student Nurse Campaign"; Pearl Stanton, Children's Secretary of the Marion County Tuberculosis Association, on "How We Carried on During Vacation"; Lucy Bushey, Red Cross Nurse for Allen County, "The School as the Doorway to Community Public Health." At the close of the meeting, a demonstration of health shows which had been given by Public Health nurses throughout the state, was given. In the evening, at the Chamber of Commerce Building, Paul Haworth, explorer and mountain climber, gave an illustrated lecture on British Columbia. His subject was, "Beyond the Farthest Camping Grounds and the Last Tin Can." During the entire meeting a continuous drive was made for the Nurses' Relief Fund. Frances M. Ott, Chairman for the Relief Fund in Indiana, reported that Indiana had contributed \$640 last year and expressed the wish that we might exceed this amount this year. A contribution of \$25 was made by the State Association to the fund for National Headquarters. Mrs. E. G. Fournier, first president of the Indiana State Nurses' Association, and Mrs. Abbie Hunt Bryce, were made honorary members of the association. A committee was appointed to present Mrs. Bryce, affectionately known as "Mother Bryce," with a down coverlet from Indiana nurses. Mrs. Bryce is a graduate of Bellevue Training School, Class of 1882, and served as Superintendent of the Indianapolis City Hospital, the oldest Training School in Indiana, when it graduated its first class of nurses. An unusual feature of the convention was the clinics held at the City Hospital and the City Dispensary for the visiting nurses. Dr. Carl McCasky held a clinic on ear, nose and throat, and Dr. W. F. Hughes on eye, at the City Dispensary; and Dr. W. D. Gatch on surgery at the City Hospital. The nurses were guests of the hospital at lunch, following the clinics. June Gray, who served overseas with Base Hospital No. 32 and is now in charge

of the Red Cross classes at the Teaching Center, was elected president; Mrs. Della Ingle Smith, Registrar, Evansville Central Nurses' Directory, first vice-president; Clara Brook, private duty nurse, second vice-president; Mrs. Mable Scott Huggins, Indianapolis School Nurse, secretary; and Allean Gress, Industrial Nurse of Ft. Wayne, treasurer. Edna Hamilton, Superintendent Indianapolis Public Health Nursing Association, was elected Chairman of the Public Health Section, and Grace M. Cook, Registrar, Central Directory for Registered Nurses, Indianapolis, Chairman of the Private Duty Section. The annual meeting of the Indiana League of Nursing Education was held at the Claypool Hotel preceding the meeting of the State Association. The principal speaker for this meeting was Mary M. Roberts, co-editor of THE AMERICAN JOURNAL OF NURSING, who spoke on "Some Factors to Be Considered in Nursing Education." Other speakers were Dr. H. S. Hatch, superintendent of Sunnyside Sanatorium, who spoke on "Schools of Nursing and the Tuberculosis Sanitarium." Dr. Hatch urged Schools of Nursing to give more time to the teaching of the care of tuberculosis patients. Elizabeth Springer, superintendent of the Huntington County Hospital, read a paper on, "Opportunities for Further Preparation Along Educational Lines" and Ida J. McCaslin, Secretary of the State Board of Registration and Examination for Nurses, outlined the future programme of the board. Edna Hamilton talked on "What the Public Health Nursing Association Can Offer From Its Teaching Center." Annette B. Cowles was elected president to succeed Mrs. Ethel P. Clark. The new law for examination and registration of nurses was signed by Governor McCray, March 19, 1921. It reads as follows:

**LAWS OF THE STATE OF INDIANA CONCERNING THE EXAMINATION AND
REGISTRATION OF NURSES**

[Acts 1905, p. 55]

SECTION 1. That there shall be created a state board of examination and registration of nurses, said board to be known as "The Indiana State Board of Examination and Registration of Nurses," consisting of five (5) members. The members of this board shall consist of five registered nurses having not less than three (3) years experience in the practice of their profession.

On July 1, 1921, the governor shall reorganize the "Indiana State Board of Examination and Registration of Nurses," by appointing five (5) registered nurses from various sections of the state, members of said board. Said members may be selected by the governor from a list containing the names of twenty-five (25) registered nurses, who have had not less than three (3) years experience in the practice of their profession, submitted by the Indiana State Nurses' Association. Two of said appointments shall be for a term of one year each. Two appointments shall be for a term of two years each and one appointment for a term of three years. After said date, from time to time, upon the occurring of any vacancy by expiration of term, resignation, death, or removal, the "Indiana State Nurses' Association" shall submit to the governor the names of five (5) registered nurses who have had not less than three (3) years experience in the practice of their profession, from said list of nominations as furnished to the governor, or from a further list of five (5) additional names of such registered nurses, if such additional list be requested by the governor, the governor shall appoint one of said registered nurses a member of the "State Board of Examination and Registration of Nurses," to fill the vacancy for a term of three (3) years, or to fill the unexpired term. No person shall be appointed a member of said board who shall have served two terms as a member of said board. Not

more than three members of said board shall be members of the same political party. (As amended by Acts 1921, p. 470.)

SEC. 2. The members of the "State Board of Examination and Registration of Nurses" shall meet annually in the city of Indianapolis, in the month of May and shall elect from their members, a president and also a secretary who shall serve as treasurer. Three (3) members of said board shall constitute a quorum for the transaction of all business. Special meetings of said board shall be called by the secretary upon the written request of any two members. The said "State Board of Examination and Registration of Nurses" is authorized to adopt, and from time to time change, such by-laws as may be necessary to govern and control its examinations, actions and business affairs. The secretary shall be required to keep a record of all meetings of said board, including a register of the names, and addresses, date of examination, dates of registration, and such other information as the board may, from time to time, determine, concerning the nurses examined and registered under this law. Said register shall at all reasonable times be open to examination and inspection by the public. The said by-laws shall also provide the subjects in which each applicant shall be examined and the times and places of such examinations.

The secretary shall receive a salary to be fixed by the board, which shall not exceed fifteen hundred (\$1,500.00) dollars per annum, and also receive the necessary traveling and other expenses incurred in the discharge of official duties. The other members of said board shall receive five (\$5.00) dollars per day for each day actually engaged in attending meetings of the board, and when in the discharge of official duties and their necessary and legitimate expenses in the discharge of their duties. The said "State Board of Examination and Registration of Nurses" is authorized to employ an educational director, for such time as in the judgment of the said board may be necessary who shall be a registered nurse under this law, or who may be an expert registered nurse selected from some city outside of the State of Indiana, and whose duty it shall be to visit the nurses' training schools, located in the State of Indiana, and give advice, aid and encouragement to such schools and nursing students in maintaining high professional ideals, and keep them informed of the progressive technical methods such as obtain in other states and countries, and look over records and ascertain the educational status of such schools and students as prescribed by the board of examination and registration of nurses.

Said educational director shall be paid a salary not to exceed two hundred (200) dollars per month for the time actually employed, and in addition thereto, shall be entitled to all necessary traveling and other expenses incurred in the discharge of official duties. The salaries and expenses of the secretary and the educational director, and the per diem expenses of the members of the board in attending meetings and all other expenses necessary to carry out the purposes of this law, shall be paid from the examination and registration fees received by the board, and no part of the salaries or other expenses of said board shall be paid out of the state treasury. (As amended by Acts 1921, p. 470.)

This section was previously amended by Acts 1913, p. 570.

SEC. 3. The Clerk of the Circuit Court of any county, upon presentation to him of a certificate from the State Board of Registration and Examination, shall register the date of registration, with the name, residence, and address of the holder thereof, in a book to be kept in his office for this purpose, and marked, "Register of Trained Nurses," and shall issue to the applicant a certificate of

such registration under the seal of the Circuit Court of the county, for which registration he shall be paid fifty cents by the applicant.

The County Clerk shall furnish annually, beginning with the first day of March, 1913, and thereafter on the first day of January of each year, to the State Board of Registration and Examination of Nurses, upon blanks furnished by said board, a duplicate list of all certificates received and licenses issued by him during the preceding year, and shall include therein the date of issuing of said license and the name and residence of the person receiving the same. (As amended by Acts 1913, p. 570.)

SEC. 4. Notice of each meeting of said state board shall be given by the secretary to each member of said board. Notices of the meetings for the examination and registration of nurses shall be given in the daily press and be published in a publication devoted to the interests of professional nurses. It shall be mailed to every training school for nurses in Indiana, thirty (30) days prior to said examination. The secretary shall mail such notice to all persons requesting information concerning such examinations. At these meetings it shall be the duty of the board to examine credentials and diplomas of all applicants for registration under this law. Said board shall also examine said applicants in the branches taught in the training schools for nurses, to determine knowledge, fitness and ability to efficiently care for the sick and injured. Such examinations shall include medicine, surgery and children's diseases, obstetrics, dietetics, hygiene, bacteriology, ethics, materia medica, anatomy, physiology, and practical nursing. The board are hereby authorized to require and receive of each applicant for examination and registration a fee of ten (10) dollars to be paid on or before the examination. (As amended by Acts 1921, p. 470.)

SEC. 5. That after June 1, 1908, the applicant shall furnish satisfactory evidence that he or she is twenty-one years of age, of good moral character, has received the equivalent of a common school education, and has been graduated from a training school for nurses connected with a hospital approved by the board, where a systematic course of three years' instruction is given. (As amended by Acts 1913, p. 570.)

This section was previously amended by Acts 1907, p. 35. See also section 4 *infra*.

SEC. 6. Any resident of the State of Indiana, being over the age of twenty-one years, of good moral character, holding a diploma from a training school for nurses connected with a general hospital giving a course of at least two years' training or having had seven years' experience, three of which shall have been spent in a general or special hospital and engaged in professional nursing at the date of or prior to the passage of this act, shall be entitled to registration without examination, provided such application be made before January 1, 1908. All nurses in training at the time of the passage of this act and possessing the above qualifications shall be entitled to registration without examination, provided application is made before June 1, 1908. Graduates of training schools in connection with special hospitals giving a two years' course who shall obtain six months' additional training in a general hospital approved by the State Board of Registration and Examination shall be eligible for registration without examination before June 1, 1908; or said graduates shall be eligible for registration prior to said date who have nursed five years prior to the passage of this act; or upon passing of special examination before the State Board of Registration and Examination in subjects not adequately taught in the training school from which they have been graduated.

The by-laws shall provide for the examination and qualifications of nurses who make application before January 1, 1906, who have not graduated from a training school, and who have been engaged in nursing ten years, and who are otherwise eligible, and who shall present required credentials from physicians for whom they have nursed.

All applicants under this section shall pay to the said board the sum of five (\$5) dollars at the time of making application.

[ACTS 1921, p. 470.]

SEC. 4. The state board of examination and registration of nurses is authorized to draw up and establish at its annual meeting a schedule of the minimum educational requirements and record them in a book kept for that purpose as provided for in this act which applicants for examination to practice nursing must comply with before they shall be entitled to an examination for such license, but any such requirements which said board shall prescribe after the taking effect of this act shall not effect [affect] students of nursing who are already in training on June 1, 1921. Nor shall any change in the schedule of requirements hereafter adopted affect the right of any student nurse to adhere for a term of three (3) consecutive years to the schedule in effect at the time he or she entered training, unless such student so elects. Students of nursing who are already in training on June 1, 1923, shall not be required to have more than one year of high school education. Each applicant for examination, in addition to complying with the requirements as set forth in this act by the state board of examination and registration of nurses, shall furnish satisfactory evidence to the board that he or she is twenty-one years of age and of good moral character, and has been graduated from a training school for nurses connected with a hospital approved by the board, where a suitable course of three (3) years' instruction is given. Two (2) years of such training shall be spent in a hospital, the third year or a part thereof may be spent in recognized colleges, technical schools, or with public health nursing organizations subject to the approval of the state board of examination and registration of nurses. Such board is also authorized to prescribe, and establish at its annual meeting a schedule of the minimum requirements and rules for the recognition of training schools and hospitals as set forth in this act so as to keep these requirements in line with the modern and progressive methods of nursing. All such schedules of requirements for nurses' training schools and hospitals for the training of nurses, shall be recorded by the secretary of the board in a book kept for that purpose.

SEC. 5. After the passage and approval of this act, any person being over the age of 19 years and of good moral character, holding a certificate as having completed the course from a school for training attendants connected with any hospital giving a course of training for attendants of at least 12 months, approved by the state board of examination and registration of nurses as maintaining in this course and other respects proper standards, all of which shall be determined by said state board, and who after a practical examination shall have received from said state board, a certificate of his or her qualifications to care for the sick as a trained attendant, shall be styled and known as a "trained attendant," and no other person shall assume such title, or use the abbreviation "T. A." or any other words, letters, or figures to indicate that the person using the same is a "trained attendant." The said board shall require of each applicant for such examination and registration a fee of five (\$5.00) dollars to be paid on or before

such examination. Such certificate shall entitle the person to use said abbreviation "T. A." to indicate that such person using the same is a "trained attendant." Said board in issuing a certificate shall also issue a pin with the words "Trained Attendant, Indiana," on the face of it. The pin should be worn at all times when on duty. It shall be unlawful for any person not having been granted a certificate, to use or display said title or initials or pin, and any person making unlawful use of either, shall be guilty of a misdemeanor and upon conviction shall be fined not more than fifty (\$50.00) dollars for each offense. All persons engaged in attendance upon the sick at the time this act becomes a law and who have been so engaged for two years prior thereto, said state board shall upon evidence as to the qualifications and fitness of such persons, which shall be furnished by three reputable physicians grant a certificate without examination. All persons who have been so engaged for one year or more and less than two years, shall upon submitting such evidence, be entitled to take the examination for "trained attendants" above provided for. All such persons shall be of good moral character and not less than 19 years of age. The board shall be entitled to require and receive a fee of five (\$5.00) dollars for granting such certificate to "trained attendants." Application for such certificate under this waiver shall be made on or before December 1, 1921. The secretary shall be required to keep a record of the names, addresses, and dates of registration of all persons receiving certificates as "trained attendants" which may be duly registered hereunder. Said register shall be open to the inspection of the public at all reasonable times. Notice of examinations for such "trained attendants" shall be given in the public press not less than 30 days before such examination is held. Written notice shall also be sent by mail, by the secretary of said board to all hospitals maintaining schools for "trained attendants." This act shall not be construed to affect or apply to gratuitous nursing of the sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire, who does not in any way assume to be a "trained attendant."

Sec. 6. The minimum requirement for hospital training schools shall be 25 beds and with an average of 15 patients per day. The minimum number of graduated registered nurses in service at such training schools at all times shall be three, and the minimum number of students in such training schools shall be not less than six students. Said training schools shall give a course of training to nurses covering at least three years, and this course of instruction shall include not less than five hundred (500) hours of didactic instruction on the following subjects: Medicine, surgery and children's diseases, obstetrics, dietetics, hygiene, bacteriology, ethics, materia medica, anatomy, physiology and practical nursing. Hospitals of special or limited training must affiliate with some recognized general hospital for such supplemental training as may be necessary to meet the requirements as set forth in this act. Hospitals required by the board to affiliate with a larger hospital must be supplied by the large hospital with the same number of nurses of equal training as is furnished by the small hospitals as far as practicable.

[Acts 1905, p. 55.]

Sec. 7. The State Board of Registration and Examination shall have power after thirty days' notice, upon written charge being preferred and the time and place of meeting being fixed, and after full and free hearing of the same by a majority vote of the entire board, to revoke any license issued by said board for gross incompetency, dishonesty, habitual intemperance, or any other act in the judgment of the board derogatory to the morals or standing of the profession

of nursing. Upon the revocation of the license or certificate the name of the holder thereof shall be stricken from the roll of registered nurses in the hands of the secretary of the board and notice sent of same to the Clerk of the Circuit Court of the county in which he or she resides, and there shall be no appeal therefrom.

SEC. 8. Every person who shall have duly received a license and certificate in accordance with the provisions of this act shall be known and styled a "registered nurse," and it shall be unlawful after one year from the passage of this act for any person to practice or advertise as or assume the title of trained nurse or graduate nurse, or to use the abbreviations of "T. N." or "G. N." or any other words, letters or figures to indicate that the person using the same is a trained, registered or graduate nurse, unless he or she shall first have received a license and certificate in accordance with the provisions of this act.

SEC. 9. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and, also, it shall not apply to any person nursing the sick for hire who does not in any way assume to be a registered or graduate nurse.

SEC. 10. Any person violating any of the provisions of this act shall be guilty of a misdemeanor, punishable by a fine of not less than twenty-five (\$25) dollars and not more than fifty (\$50) dollars for the first offense, and not less than fifty (\$50) dollars and not more than one hundred (\$100) dollars for each subsequent offense.

[ACTS 1911, p. 52.]

SECTION 1. That the State Board of Registration and Examination of Nurses shall have power to make and establish all necessary rules and regulations for the reciprocal recognition of certificates for nurses issued by other states and to prevent unjust and arbitrary exclusion by other states of registered nurses who have complied with the requirements of the laws of this state.

SEC. 2. All nurses who have served as such in the Army or Navy of the United States, and have been honorably discharged, shall be entitled to be registered without examination.

Iowa: THE IOWA STATE NURSES' ASSOCIATION will hold its annual meeting in Iowa City, November 1, 2, 3. Miss McCleary of Illinois and Miss Ott of Indiana will be present. Clinics and demonstrations of great value are being arranged at the hospitals in connection with the State University. Des Moines.—Miss Carruthers, Field Director of Red Cross Public Health Nurses in Northern Iowa is to be State Director in North Dakota and will be succeeded in Iowa by Mrs. John Stanton. Council Bluffs.—Miss Nesbit, who has been Superintendent of the Jennie Edmundson Memorial Hospital for more than fifteen years, resigned recently to pursue a course in Anesthesia in Cleveland. Miss Martinova succeeds her. Iowa City.—Lola Ferguson has been appointed as assistant surgical nurse at the State University Hospital. Washington.—Cecil Dunn, graduate of the Jefferson County Hospital, assumed her duties as Night Supervisor at the Washington County Hospital October 1. Fairfield.—Vera McCleary and Mary Watts have been appointed as day and night supervisors at the Jefferson County Hospital. Burlington.—Olive Johnston of Grinnell has accepted the position of surgical supervisor in the Burlington Hospital, and Laura Houston that of night supervisor.

Kansas: THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination for state registration at the City Building, Wichita, December 7 and 8, 1921. Applications should be filed at least ten days

before the examination with the Secretary of the Board, Sister Mary Helena, St. Barnabas Hospital, Salina. Topeka.—DISTRICT No. 1 at its third annual meeting, September 12, elected the following officers: President, Mrs. Charles C. Bailey; vice-presidents, Mary Alexander, Mary Lovejoy; secretary, Esther Sullivan; treasurer, Mrs. Damaris Payton; directors for three years, Louise Kieninger, Alma Anstrom. Delegates from nine counties, representing one-fourth of the membership, were present.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold semi-annual examination in Louisville, November 15-16, 1921, for the purpose of registering graduate nurses. All necessary information may be obtained from the secretary, Flora E. Keen, 115 N. Main St., Somerset, Ky.

Massachusetts: THE MASSACHUSETTS STATE ASSOCIATION will hold its autumn meeting in Holyoke, October 29. Boston: THE BOSTON LYING-IN HOSPITAL has outgrown all its additions and possibilities of further enlargement at 24 McLean Street, and a new building is under construction on Longwood Avenue opposite Harvard Medical School. The Nurses' Alumnae Association hopes to enlist the cooperation of the graduates, as they are to have an opportunity to take some active part in the new hospital. They would like all graduates to become Charter Members. This kind of membership is to continue only until the first annual meeting in November. Name and address should be sent to the secretary, Cornelia Macpherson, Faulkner Hospital, Jamaica Plain. The Instructive District Nursing Association is trying the experiment of working without directors. The work will be carried on under the leadership of Anne Devanny, who will act as chief of staff. Grace O'Brien will serve as professional consultant. Fall River.—THE NURSES' ALUMNAE ASSOCIATION OF THE UNION HOSPITAL held a dance on September 15. The proceeds, \$150, will be added to the permanent delegates' fund. A miscellaneous sale will be held at the nurses' home November 8. THE FALL RIVER CITY HOSPITAL ALUMNAE ASSOCIATION held a meeting October 4, at which Mrs. F. B. Albert, president of the Bristol County Association, was the guest of honor. New Bedford.—Georgia M. Nevins of Washington, D. C., has been appointed superintendent of St. Luke's Hospital. Townsbury.—THE MASSACHUSETTS STATE INFIRMARY ALUMNAE entertained the nurses of three alumnae associations of Lowell on June 23, about one hundred being present. Entertainment was provided by the children of the institution in the form of games and dances, followed by a dinner on the roof garden and a social hour. Fifteen nurses were graduated from the school on September 23. Dr. Charles Simpson of the State Department delivered the address, Edith McKenna extended the greetings of the class. Dr. Galen Stone, a member of the board of Trustees, presented the diplomas. Mrs. Mary Cogan, another member of the Board of Trustees, presented the school pins. At the close of the exercises the class ode was sung. In the evening there were a reception and dance. The alumnae association of the school held a meeting on October 6, when fifteen new members were admitted. The officers for the years 1921-22 were elected as follows: President, Anna O. Dwyer; vice-president, Josephine Lane; treasurer, Mrs. Carrie Vivier; recording secretary, Mrs. Christina Willoughby; corresponding secretary, Mary Riordan; executive committee, Mary Dunn, Anna Taylor and Elsie Mayo. Margaret Sabre gave a very interesting talk on her work in Barfossa, West India. The 1921 class entertained with a musicale. Pittsfield.—THE HOUSE OF MERCY HOSPITAL ALUMNAE held a quarterly meeting on September 7 at the Alumnae House. The officers of the association are: President, Katherine Turner; vice-presidents, Harriet Stanley, Abigail McSwiggin; secre-

tary, Annie F. Foss; treasurer, Mary F. Kohl; assistant treasurer, Linnie L. MacNeil.

Michigan: The State Board examinations, held in September and October, were so well attended that it is necessary to appoint an additional date in order that all may be provided for. This examination will be held in Lansing December 6 and 7. All applications for this examination filed in the office of the Board prior to December 1, 1921, will be considered under the terms of the old law. All applications received after December 1, 1921, must qualify to ninth grade preliminary education and pay a fee of \$15.00. Applications will also be considered for the December examination from candidates who have been graduated from schools not yet approved by the Board of Registration of Nurses. Under the provisions of the new law, all nurses who have obtained Michigan registration, whether by reciprocity or by examination, should apply for a new certificate, which may be obtained without examination and by paying a fee of \$1.00. Notification to this effect has been mailed to all nurses who have obtained Michigan registration either under the waiver or by examination or by reciprocity during the period from 1909 to December 1, 1921; but, due to change of residence and probably other reasons, over 50 per cent. of the letters have been returned to the office of the Board. All nurses practicing in Michigan and registered in other states, Canada, Great Britain, Ireland and other foreign countries are requested to write to the office of the Board for a copy of the law and are urged to file applications for Michigan Registration before December 1, 1921. Anna M. Coleman, Inspector of Schools of Nursing.

Minnesota: THE MINNESOTA STATE BOARD OF EXAMINERS will hold a special examination at the State Capitol December 9 and 10, open to all nurses who complete their training by February 1. This is made necessary by the great number who applied for examination in October, more than could be accommodated. Dora M. Cornelson, secretary, Old State Capitol, St. Paul. **Minneapolis:**—DISTRICT 3 held a meeting on September 14 and elected fifteen delegates to the state meeting in Duluth. Delegates were also chosen for the State Federation of Women's Clubs in Winona. Miss McMillan resigned as president; she is succeeded by Louise Kellogg. **St. Paul:**—THE STATE HOSPITAL FOR INDIGENT CRIPPLED AND DEFORMED CHILDREN is offering a course for post-graduate or affiliation work in order to help meet the demand for nurses specially trained in orthopedics and pediatrics. The hospital has 200 beds and is well equipped, each department is in charge of a nurse who is specially trained in her field of work.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold an examination December 1 and 2 in Kansas City and St. Louis. All applications must be completed and in the hands of the secretary at least ten days before this date. All communications in regard to examinations must be addressed to Harriet L. P. Friend, Secretary, Missouri State Board of Nurse Examiners, 620 Chemical Building, St. Louis, Missouri. At the meeting on September 20, licenses were granted to 841 nurses. These were continuations granted to those already holding certificates as registered nurses in the state. Licenses were also granted to 55 applicants under the waiver, and to 6 by reciprocity. Licenses were granted to 17 attendants. These are the first licensed attendants under the new law. Applications have been given out to nearly 1,500 and about 300 forms for certification for those caring for the sick for hire in rural districts. A meeting was held on October 10 for the purpose of licensing nurses and attendants and consideration of standards for accrediting schools under the new law and organiza-

tion of courses for attendants. It will be necessary for any one after January 1, who wishes to care for the sick for hire and who has not already done so, to be licensed either as a nurse or as an attendant. All nurses holding certificates of R.N. in Missouri are urged to obtain the form for continuation so that they may receive license under the waiver. It is also possible for graduates of schools giving a two years' course in good standing to obtain registration under the waiver at this time in Missouri. Olive A. Chapman, former Director of Nursing in the Mountain Division, American Red Cross, has been appointed Director of the Nursing Department and Bureau of Public Health Nursing for the South-western Division. Mabelle Welsh, former Director of the Teaching Center, resigned to become Executive Secretary of the Central Council of Nursing Education. Grace Anderson, Director of the Course in Public Health Nursing, Missouri School of Social Economy, reports twelve students taking the course in public health nursing this fall. Mrs. Grace Whitter Jeans, who has been one of the supervisors of the Municipal Visiting Nurses in St. Louis, has gone abroad with Dr. Jeans. Mrs. Jeans hopes to be able to do some child welfare work in Poland, where Dr. Jeans expects to be located with the Red Cross. Chillicothe.—THE ALUMNAE ASSOCIATION OF THE CHILLICOTHE HOSPITAL held its annual meeting September 2, electing the following officers: President, Ann Bane; vice-president, Blanche Cooper; secretary, Verna Acru; treasurer, Faye Lewis. This association has been organized for only one year. Of the nine members, six were present. Kirksville.—THE A. S. O. HOSPITAL NURSES' ALUMNAE held its sixth annual meeting at the nurses' cottage on September 30 and elected the following officers: President, Cora E. Gottreu; vice-president, Edna Morris; secretary, Jeannette P. Carley; treasurer, Mary E. Ramsay; directors, Josephine Halverson, Mayme Garrison, Lydia Mast. The association voted to donate \$50 annually to the nurses' library. Delegates were chosen for the state and district meetings. A musicale and social hour followed.

Nebraska: THE NEBRASKA STATE BOARD OF NURSE EXAMINERS will hold its next regular examination in Omaha and Lincoln November 1 and 2, 1921. For information and applications, write H. H. Antles, secretary, Department of Public Welfare, Lincoln.

New Jersey: THE NEW JERSEY STATE NURSES' ASSOCIATION will hold its semi-annual meeting in the State House, Trenton, November 4. The Organization for Public Health Nursing will meet on November 5. This will be in the nature of a joint meeting, but with separate programmes. Spring Lake.—THE ANN MAY HOSPITAL ALUMNAE held its first fall meeting on September 13, electing the following officers: President, Mary A. Elder; vice-president, Helen J. Evans; secretary, Mrs. Margaret Brown; treasurer, Esther M. Popp. Miss Patterson, the superintendent of the hospital, gave an address. Plans were made for a busy winter.

New York: District No. 2, Rochester.—The first fall meeting of the District was held in Canandaigua, the Frederick Ferris Thompson Hospital Alumnae being hostesses. After a trip through Mrs. Thompson's gardens, a delightful supper was given at the nurses' home, after which plans for the coming year were discussed. District 4, Syracuse.—The regular quarterly meeting of the District Association was held at Crouse-Irving Hospital on October 13. Routine business transacted. Instead of sending a district delegate to the state convention, it was decided to pay one-third of the expenses of a delegate from each alumnae association. AUBURN CITY HOSPITAL ALUMNAE held an enthusiastic meeting on September 30, at which plans for the winter were made. All grad-

mates of the school are urged to join the association. **Syracuse.**—THE HOSPITAL OF THE GOOD SHEPHERD ALUMNAE are meeting in the evening instead of the afternoon and the attendance has doubled as a result. **Bufilea** Dexter has accepted a position in the Mount Berry School for Girls, Mount Berry, Ga. **Cincinnati.**—THE HOSPITAL graduated a class of 25 on June 1. It accepted a class of 51 probationers in September. Graduates of the school are reported as follows: **Marcia Miller** is in the X-ray department of the hospital, **Kathryn Muhlberger** is operating room supervisor, **Grace Mead** and **Sara Nunn** are head nurses. **Gladys Vought**, **Evelyn Donnelly**, **Genevieve Joy** and **Clare Turwilliger** are studying at Columbia University, New York. **Margaret Haran** and **Mary Hara** are head nurses at Bellevue, and **Catherine Costigan** at Fordham Hospital, New York. **Helen Munro**, after completing a course in public health nursing at Columbia, has accepted a position at Cobleskill. **Charlotte Burleton** and **Mildred Swackhamer** are head nurses at the Cortland City Hospital. **Alys Carroll** has completed a public health course at the Oswego Normal School. **District No. 6, Watertown.**—THE DISTRICT ASSOCIATION held its quarterly meeting at the St. Lawrence State Hospital October 5 with an attendance of 42. **Ogdensburg.**—THE ST. LAWRENCE STATE HOSPITAL held graduating exercises on August 28 for a class of 23. **Florence McConnell**, class of 1913, after a year of study at Teachers' College has been assigned to Red Cross Public Health work in Lewis County. **Ruby Raycroft** of Cardinal, Ont., graduate of A. B. Hepburn Hospital, class of 1920, after completing a course of administration in Bellevue Hospital, recently sailed for Holland, where she will remain for some time and will later join the Methodist Episcopal Missionary Society in Java. **District No. 9, Albany.**—**Josephine McLeod** has resigned as superintendent of nurses, Albany Hospital, to take a similar position at the Michael Reese Hospital, Chicago. **Miss McLeod** has earned the love and respect of all who were associated with her and much regret is expressed at her leaving. At a farewell reception in the nurses' home, the graduate nurses gave her a seal bag; and the student nurses, a gold piece. **District 12, New York City.**—Memorial services were held on September 1, in the Adams Memorial Chapel of the Lenox Hill Hospital, for **Frances W. Moeschel**, whose body had been brought from France. The hospital admitted a class of 20 probationers on September 1. **Sophia Payer** has been appointed supervisor of the operating rooms in place of **Alida Meyer**, who will make her home in California. At the New York Hospital Club House, **Miss Penmore** has been made **Miss Gillett's** assistant; **Lavinia Weed** returns to the position of registrar. **Juanita Woods** has become director of the Instructive Visiting Nurses Association, Richmond, Va. **Elsie Davis** is night supervisor at the New York Hospital. **Fannie M. Brooks**, who has for the past six years held the position of Assistant Professor in the Home Economics Department, University of Illinois, has been appointed as Assistant Superintendent of the School of Nursing, Mount Sinai Hospital.

North Dakota: The next examination for the certificates of registered nurses will be held November 15 and 16, 1921, in Grand Forks. All applications for registration must be in the hands of the secretary at least ten days prior to the time set for examinations. For further information, address **M. Clark**, General Hospital, Devils Lake, North Dakota.

Ohio: THE NURSES' EXAMINING COMMITTEE of the State Medical Board will hold an examination for applicants for nurse registration on December 20, 21 and 22, 1921, at Memorial Hall, Columbus, Ohio. Applications should be made well in advance. **H. M. Platter, M.D.**, Secretary, Hartman Hotel Building.

Columbus, Cleveland.—**DISTRICT No. 4** held its first fall meeting at the Isabel Hampton Robb Memorial Hall, a dance following the meeting. Frances Latimer has been appointed Executive Secretary of the Student Nurse Recruiting Movement in District No. 4. Headquarters will remain at the Nursing Center, 2157 Euclid Avenue. Five schools in Cleveland report having a full enrollment of candidates for the fall term. Definite statistics regarding the effect of the recruiting activities in enlisting candidates in the fall classes will soon be available. The five-year course in nursing at Western Reserve University opened September 21 with eight students. **THE LAKESIDE ALUMNAE ASSOCIATION** met at the Nursing Center October 4. At this meeting the Alumnae accepted from the Student body the nucleus of the Lakeside Endowment Fund, which had been subscribed largely by the undergraduates. Plans for increasing the fund are being considered by the association. The amount subscribed, largely through the Student body, amounted to about \$800. **ST. JOHN'S ALUMNAE** held its third annual meeting on October 4 at the Nurses' Home and elected the following officers: President, Mary McLaughlin; vice-president, Helen Slaman; secretary, Lucile Harmon; treasurer, May Collins. **District 8, Cincinnati.**—**THE DISTRICT ASSOCIATION** met on September 26, in the roof garden of the nurses' home of the Cincinnati General Hospital. Full reports were given by chairmen of committees. The Club House Committee reported more than \$2,000 in the treasury. The Private Duty Section announced a splendid programme for the coming year. The Nightingale Foundation Fund and the Nurses' Relief Fund committees gave encouraging reports. Officers for the year are: President, Ruth Ardill; vice-presidents, Elizabeth Deoley, Mary Wright; secretary, Edith Northrup; treasurer, Mrs. Charles Kennedy. **THE ALUMNAE ASSOCIATION OF THE SCHOOL OF NURSING AND HEALTH, Cincinnati General Hospital,** met on September 12 at the nurses' home. Miss Schmees gave an interesting report of the Ohio State meeting.

Oregon: The first meeting of Oregon industrial nurses was held on October 1. Regular monthly meetings are being planned for the coming winter, and the organization of an Industrial Nurses' Section of the Oregon Public Health Nurses' Association will probably take place at the November meeting. The regular quarterly meeting of the Oregon State Committee on Public Health Nursing was held in the State Bureau of Nursing office, October 1. This marked the end of the first year's work and the reorganization for the coming year. The following sub-committees were designated for carrying out the winter's plans: Finance, Nursing Education, National Activities, Publicity, Public Health Institutions, Co-operating Agencies. Three new nurses have recently taken up county work in Oregon—Caroline Wallace and Hilda Morris, both graduates of St. Luke's Hospital, Chicago, and Mayme Petersen from La Crosse, Wisconsin. Lena Marshall and Jane Kenny, who have been nurses for the Portland Visiting Nurse Association for a year or more, are entering the U. S. Public Health Service November 1. Marion G. Crowe, Superintendent of the Portland V. N. A., was a delegate to the Northwest Sectional Tuberculosis Conference held in Salt Lake City September 22 to 26. V. Catharine Talty has returned to her former position as Superintendent of Nurses at Sellwood General Hospital. Elizabeth Beach, who for over two years was visiting nurse for the American Red Cross at the Portland Chapter, has accepted a position at the Portland Eye, Ear, Nose and Throat Hospital as an assistant to Grace Phelps, Manager. Letha Humphrey and Maud Knox, who have been at the Portland Eye, Ear, Nose and Throat Hospital for the past year, have gone to New York City to do post-graduate work.

Pennsylvania: **THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENN.**

SYLVANIA will hold its annual meeting in York November 8-11. The formal opening will be on Tuesday evening at the Woman's Club, 223 East Market Street. A reception will be given by the Board of Directors of the Visiting Nurse Association and the Woman's Auxiliary of the York Hospital and Dispensary in the Woman's Club after this session. An organ recital by Harold Barts will be given in the First Presbyterian Church on Wednesday, November 9, at 5:30 p. m. On Thursday, November 10, at 6:15, a banquet in the Woman's Club. Tickets (\$1.35) should be purchased before noon on Wednesday. Tickets may be obtained in advance from Committee on Arrangements. Chairman Netta Ford, 42 Security Building, York, Pa. The open meeting on Wednesday, November 9, will be held at 8 p. m., in Court Room No. 2. All friends of the Graduate Nurses' Association are cordially invited. The daily meetings will be held in the First Presbyterian Church, Market and Queen Streets. The Ladies' Aid of this church will serve luncheon on Wednesday and Thursday from 12 noon to 1:30. Registration of members at 9 a. m. and 2 p. m. each day. The ballot box will be open on Thursday, November 10, from 11 a. m. to 2 p. m. Each delegate must present her card. Conferences and discussions on special problems not covered in the regular programme will be arranged for upon request to Programme Committee, Roberta M. West, Chairman.

Hotel Rates, Hotel Breaks: Single rooms from \$1.75 to \$2.75; double rooms from \$3 to \$5. Colonial Hotel, single rooms from \$1.50 to \$4; double rooms from \$3 to \$7; Hotel Penn, single rooms, \$1.75 to \$2.75; double rooms, \$3 to \$5.

OUTLINE OF PROGRAMME.—Monday, November 7, Colonial Hotel, 2 p. m., Board of Directors; 5 p. m., Advisory Council. Tuesday, November 8, 9:30 to noon, business and reports; 1 to 2, meetings of district; 2 to 4, Private Duty Nurses, business meeting; 4 to 6, State Organization for Public Health Nursing, business meeting; 5 to 6, League Directors; evening, joint session, addresses by the presidents of the three state organizations. Reception. Wednesday, November 9, Pennsylvania League of Nursing Education; 8:30, Round Table, Instructors of Nurses, Grace Watson. Morning and afternoon sessions, business, reports and papers, "How May We Determine the Amount of Chemistry and Bacteriology Necessary for the Student Nurse," "Handling the Backward Student," Ida D. Arnold; Round Table, Curriculum of Pennsylvania Board, Roberta M. West. "How to Stimulate Interest in Class Work," C. Ruth Bower; "How to Interest Students in Executive Work," Mary B. Miller; "Social Life of the Student Nurse," Jessie J. Turnbull. Round Table, Institutes for Instructors, Lottie A. Darling. Organ recital. Evening, joint session, "Activities of the State Department of Health," Dr. Edward Martin, Commissioner of Health. Thursday, November 10, 8:30, Round Table, Nursing Ethics, S. Lillian Clayton. 9:30 to noon, business meeting of State Association. 1 to 3 p. m., Public Health Nurses' Organization. 3 to 5 p. m., Private Duty Nurses' Section. Round Table, Obstetrics, Joan Couchour; Round Table, Helen F. Greenway; question box, Theresa F. Vogel. Evening, banquet and joint session, Woman's Club, addresses by Sarah E. Sly, Florence M. Johnson, Katharine DeWitt. Friday, November 11, 8:30, Round Table on Ethics, continued, Private Duty Nurses' Section, State Association business. Philadelphia.—THE WOMAN'S HOSPITAL ALUMNAE held its first fall meeting on October 12, at the hospital, Miss Swank, second vice-president, presiding. Two delegates and two alternates to the meeting of the state association were chosen and a Nominating Committee was appointed to prepare a ticket for the January election. Interesting letters from members living at a

distances were read. Nominations were made for district officers. Miss Peters discussed the importance of the members using their influence to teach the importance of disarmament of all nations. (A CORRECTION.—Through a misunderstanding of the report as sent to the *Journal*, the three nurses, Misses Swank, Sprague and Cates, who were given the Pauline medal, were classed as new graduates; instead, they are older nurses. Ed.) THE PHILADELPHIA GENERAL HOSPITAL ALUMNAE met on October 3 in the nurses' home. Five delegates to the state meeting were chosen. Susan C. Francis, who has been director of the Department of Nursing of the Pennsylvania-Delaware Division of the Red Cross, has been appointed superintendent of the Children's Hospital, Philadelphia. During the past summer she has been serving as executive secretary of the Council of Nursing Education of Southeastern Pennsylvania. Mary Norcross, a graduate of the Children's Hospital, Boston, who has recently completed a course at Teachers College, is assistant superintendent at the Children's Hospital. THE ALUMNAE ASSOCIATION OF THE SAMARITAN HOSPITAL held its annual meeting on September 27 in the Nurses' Home. The meeting was largely attended and much enthusiasm prevailed. All officers present. Committees actively at work. Election of officers resulted as follows: President, Elizabeth Miller; vice-president, Jean Magee; secretary, Jessie M. Rowe; assistant secretary, Catherine Bothoff; treasurer, Martha Wannemacher. The Auditing Committee reported the books of the association in good condition, all debts paid, but advised caution as to the spending of funds. A committee was appointed to raise funds for all extra expenses, this committee to act as a Sunshine Committee. The chief item of interest was the endowing of a room, the final agreement was presented, the original fee of \$5,000 is to be paid, but an additional \$5,000 is necessary to complete the endowment; \$2,800 has been pledged and it now remains to raise the balance as soon as possible. A bazaar will be held December 1-3 in the Nurses' Home. Four delegates to the York Convention were chosen. The Beneficial Society is growing and much good has been done during the past year.

Wisconsin: THE WISCONSIN STATE NURSES' ASSOCIATION held its twelfth annual meeting at the Nurses' Club, Milwaukee, October 4-6, with the following programme: October 4, Invocation by Dr. T. Derward. Address of welcome, Judge A. C. Backus. Response, Mrs. W. E. Wolf. Business. Luncheon. "Teaching Methods," Mary D. Giles, outline and discussion. Auto ride. Evening, reception for Adda Eldredge, Educational Director. October 5, State League of Nursing Education. Business and reports. "Health Morals of Students," Shirley Titus. "Investigation of Students Before Their Entrance," by Mary C. Wheeler, Chicago. Luncheon with address by Miss Eldredge. "Secondary Nursing," Gilbert Seaman, M.D. Round Tables: Practical Nursing, Nan Dinneen; Private Duty Nursing, Elvira Neubauer; Industrial Nursing, Maud Sweet; School Nursing, Helen Kelly. Evening, address by the Commissioner of Health, Dr. Rahland. "The Graduate Nurse an Economic Asset in Family and Community Life," Edna L. Foley. October 6, election of officers. "The Visiting Nurse," Erna Kowalka. "History and Future of the Wisconsin Nurses' Club and Directory," Miss Martin and Miss Rice. Luncheon. Afternoon, Public Health Session. Address, Nellie Van Keoy. "Communicable Disease Control from the Standpoint of a Graduate Nurse," Robert Olson, M.D. Miss Reid of Madison was elected president. Lavina Dietricson was reelected secretary.

BIRTHS

To Mrs. William F. Smith (Mary Beach, class 1917, Broad Street Hospital, Oneida, N. Y.), a daughter, Cornelia Elizabeth, September 2.

To Mrs. Harry Henson (Theodora A. Bohr, class 1916, Kings County Hospital, Brooklyn), a daughter, October 4.

To Mrs. Eli Bally (Nellie L. Childress, class 1912, Presbyterian Hospital, Chicago), a daughter, Marjola Ethelle.

To Mrs. Churchill (class 1920, Jennie Edmundson Hospital), a daughter, in August.

To Mrs. Gillies (Abigail Craig, class 1915, New York Hospital), a daughter, August.

To Mrs. Gillholey (Anna Flynn, class 1915, Kings County Hospital Brooklyn), twin sons, October 9.

To Mrs. Robert G. Wilson (Beattie Greenfield, class 1912, University of Pennsylvania Hospital), a daughter, Elizabeth Greenfield, September 29.

To Mrs. H. Perick (Elizabeth Greenwood, class 1912, Mercy Hospital, Chicago), a son, Michael Greenwood, September 29.

To Mrs. Clarence Lehmann (Goldie Gollman, class 1914, Deaconess Hospital, Cincinnati), a son, June 15.

To Mrs. Charles W. Moss (Maria Hamilton Chappell, class 1916, Stuart Circle Hospital, Richmond, Va.), a daughter, Ada Dorothy, July 25.

To Mrs. Carl Roche (Ava Whitman, class 1910, Indianapolis City Hospital), a daughter, October 7.

To Mrs. Frederick Trudeau (Virginia Hollenbeck, Crouse-Ingling Hospital, Syracuse, N. Y.), a son, June 6.

To Mrs. G. D. Waite (Edna A. Holzman, class 1920, Presbyterian Hospital, Chicago), a son, Albert Holzman.

To Mrs. B. Skinner (Mary Arabella Lovejoy, class 1919, Presbyterian Hospital, Chicago), a daughter, September 11.

To Mrs. DeWitt R. Wyatt (Edith MacDonald, class 1916, University Hospital, Philadelphia), a son, DeWitt R., Jr., July 29.

To Mrs. Daniel Cassidy (Henrietta Mahan, class 1912, Crouse-Ingling Hospital, Syracuse, N. Y.), a son, September 24.

To Mrs. Homer K. Nicoll (Evelyn Pichana, class 1920, Presbyterian Hospital, Chicago), a daughter, Nancy, September 12.

To Mrs. Bernard McGiven (Jennie Sellen, class 1912, Crouse-Ingling Hospital, Syracuse, N. Y.), a daughter, June 27.

To Mrs. George Moore (Marion Van Nuy, class 1912, Methodist Episcopal Hospital, Brooklyn), a son, September 26.

To Mrs. Clarence Branstetter (Ora Webb, class 1916, Lafayette Home Hospital), a daughter, Clara Marie, June 25.

To Mrs. Elmer Fraser (Gertrude Wright, class 1912, New York Hospital), a daughter, June 21.

MARRIAGES

Emma Amack (St. Luke's Hospital, Boise, Idaho) to George S. Meier, August 12. At home, Boise.

Selma Fromer Bargo (class 1912, Lenox Hill Hospital, New York) to Mr. Relation, August 4. At home, Saranac Lake.

Laura C. Bates (class 1915, Presbyterian Hospital) to Jack W. Schmidt, August 23. At home, Chicago.

Henrietta Blackfield (class 1910, Lenox Hill Hospital, New York) to William Albarth, August 6. At home, New York City.

Helen Evelyn Brown (class 1921, Rochester Homeopathic Hospital) to Walter Edward Parker, September 29. At home, Rochester, N. Y.

Nabel G. Brown (class 1915, Presbyterian Hospital, Chicago) to Michel H. Etchevery, M.D. At home, San Diego, Calif.

Mrs. Mary Chase (Lafayette Home Hospital) to Clyde Morgan, August 25. At home, Lafayette, Ind.

Lillian A. Clements (class 1915, King's Daughters' Hospital, Portsmouth, Va.) to J. Stanley Hodges, September 2. At home, Atlanta.

Anne Louise Colon (class 1914, New England Hospital for Women and Children) to John D. Stanton, September.

Kathryn Cook (class 1918, Crouse-Irving Hospital, Syracuse, N. Y.) to George Holtzman, September 7. At home, Syracuse.

Helen Connolly (class 1919, Mountinside Hospital, Montclair, N. J.) to Armand Lopez, October 2.

Annie Elizabeth Cooper (class 1919, Lankenau Hospital, Philadelphia) to Rev. Floyd Beat Single, September 15. At home, China Grove, N. C.

Marion Cromie (class 1914, Presbyterian Hospital) to Hillier Locke Baker, M.D., July 16. At home, Chicago.

Helen Dobbins (class 1917, Mountinside Hospital, Montclair, N. J.) to Archer Bush, M.D., October 4.

Marie Eby (class 1921, Presbyterian Hospital, Chicago) to Robert William Suts, August 2. At home, Oshkosh, Wis.

Ruth Franklin (class 1915, New York Hospital) to John Kennedy, September 6.

Mary Katherine Furey (class 1914, Brooklyn Hospital, Brooklyn, N. Y.) to Ford Wilson Giller, July 29. At home, Grand Rapids, Mich.

Marion Gahan (class 1921, Mercy Hospital, Chicago) to Frank Hangsterfer, October 8. At home, Austin, Ill.

Martha Glenn (class 1920, Burlington Hospital, Burlington, Iowa) to Charles Bailey, September 14. At home, Mediapolis, Iowa.

Ethel Mae Harrington (class 1920, Methodist Episcopal Hospital, Brooklyn) to John Stanley Bussy, August 7. At home, Margaretville, N. Y.

Muriel E. Hodder (class 1916, Auburn City Hospital, Auburn, N. Y.) to Lester E. Brew, October 1. At home, Auburn.

Leta M. Johnson (class 1920, W. B. Fitchers Sanitarium, Indianapolis) to Everett W. Fry, M.D., October 2. At home, Portland, Ind.

Edith N. Hodges (class 1903, Orange Memorial Hospital, Orange, N. J.) to Ernest Kirby, September 7. At home, Saskatoon, Saskatchewan.

Annie E. Jones (class of 1910, House of the Good Samaritan, Watertown, N. Y.) to Guy Jobbes, September 2. At home, Charleroi, Pa.

Marion Kennedy (class 1920, Crouse-Irving Hospital, Syracuse, N. Y.) to Lyster Hotherington, July 22. At home, Poochow, China.

Bertha Lampe (class 1916, St. Mary's Hospital, Milwaukee) to Henry T. Dawson, July 27. At home, San Francisco.

Margaretta Lash (class 1917, Philadelphia General Hospital) to Glenn A. Horton, August 4. At home, Powers, Ore.

Louise Lincharger (class 1919, Jennie Edmundson Hospital, Council Bluffs, Iowa) to Arthur Nicolaisen, September 23. At home, Council Bluffs.

Winifred Genere Lund (class 1919, Illinois Training School) to Harry Morris, August. At home, Jamestown, N. D.

Catherine Marie McManus (St. John's Hospital, St. Louis) to J. M. Hart, September. At home, Cleveland, O.

Catharine McNally (class 1916, West Side Hospital, Chicago) to Louis I. Bapat, September 1.

Lillian Agatha McElwain to Clarence Robert Callaway, September 1. At home, Honesdale, Pa.

Mabel E. Mackey (class 1920, Mercy Hospital, Chicago) to Thomas McGrath, October 5. At home, Chicago.

Winifred Mann (Sparks Memorial Hospital, Ft. Smith, Ark.) to Mr. Pabor, August.

Margaret Catherine Monaghan (class 1920, Rochester Homeopathic Hospital, Rochester, N. Y.) to Paul Dewey Grove, M.D., September 15. At home, Hamilton, O.

Marion C. Moore (class 1920, Presbyterian Hospital, Chicago) to J. Ford Woolard, August 13. At home, Benton, Ill.

Velma Montgomery (class 1915, St. John's General Hospital, Pittsburgh) to Harry Garmon, M.D., September 17.

Janet Elizabeth Murphy (class 1920, Rochester Homeopathic Hospital, Rochester, N. Y.) to Colonel L. Brown, September 8. At home, Los Angeles, Calif.

Blanche V. Ogden (class 1920, Auburn City Hospital, N. Y.) to Marjorie Smith, September 23.

Ethel G. Pinder, to Charles Henry Tuck, September 9.

Mary Elizabeth Robson (class 1919, Union Hospital, Fall River, Mass.) to Howard F. Cheney, September 24. At home, Fall River.

Fern Buse (St. Luke's Hospital, Boise, Idaho) to Ivan Freeman, October 1. At home, Pocatello, Idaho.

Myrtle Schooner (class 1921, Henry W. Bishop, 3rd Memorial Training School, Pittsfield, Mass.) to Albert Baker, October 5. At home, Pittsfield.

Frances Scott (class 1920, Christ's Hospital, Topeka) to Otis Young, October 4. At home, Topeka.

Ethel E. Sharpe (class 1912, Rhode Island Hospital, Providence, R. I.) to John D. Egan, July 5. At home, Providence.

May Sleshowter (Methodist Episcopal Hospital, Philadelphia) to Kenneth N. White, September 17. At home, Warren, Pa.

Laura M. Smit (class 1917, University Hospital, Iowa City) to Fred B. Sawyer. At home, Sargent Bluff, Iowa.

Carol Bernice Smith (class 1919, Good Samaritan Hospital, Watertown, N. Y.) to Samuel E. Sullivan, August 23. At home, Rocky River, O.

Janet Augusta Shurtleff (Rhode Island Hospital) to Eugene Fride King, M.D., June 25. At home, Providence, R. I.

Jane Stahl (class 1917, Protestant Deaconess Hospital, Indianapolis) to Martin Overy, September 5.

Madeline Louise Stone (class 1919, A. Burton Hepburn Hospital, Ogdensburg, N. Y.) to William G. McGarrity, October 6. At home, Prescott, Ontario.

Thelma Thompson (class 1921, St. John's General Hospital, Pittsburgh) to Carl Bauer, September 27.

Maudie Tindler (class 1911, Protestant Deaconess Hospital, Indianapolis) to Paul Scott, September 2. At home, Franklin, Ind.

Emily Widerman (class 1919, Lenox Hill Hospital, New York) to Dr. St. George, August 16. At home, New York City.

Edith V. Williams (class 1917, New York Hospital) to Robert Henry Anderson, September 1.

Florence Wolcott (class 1921, Presbyterian Hospital) to William Russell Haag, August 4. At home, Chicago.

Marie Woolf (class 1917, Mountainside Hospital, Montclair, N. J.) to Philip Schuyler, October 5.

DEATHS

Emma Louise Burgeon (class 1914, Maryland Homeopathic Hospital, Baltimore) on October 4, at Union Hills, Md., following a long illness borne with great patience. Miss Burgeon leaves many friends who mourn her early death.

Julia Crough (class 1915, Hospital of the Good Shepherd, Syracuse, N. Y.) on September 22. Miss Crough was fatally injured in an automobile-train collision, dying within a few hours.

Mrs. M. C. Diffenderfer (Mabel Morrison, class of 1913, Christ's Hospital, Topeka, Kan.), September 14. Mrs. Diffenderfer has always been active in all nursing activities. She was at one time a supervisor in Norton Memorial Infirmary, Louisville, Ky. She was held in the highest esteem by all who knew her and her loss is deeply felt.

Pauline L. Dolliver (class of 1899, Massachusetts General Hospital) August 12, at Phillips House, Massachusetts General Hospital. Readers of the JOURNAL will learn with deep regret of the death of Pauline Longhurst Dolliver, for many years one of our valued leaders in the nursing field, and always interested in everything pertaining to the advancement of the profession. Miss Dolliver was born in Auburndale, Mass., January 10, 1882. She was educated in the schools of Newton, Mass., and after graduating from the Massachusetts General Hospital Training School, she remained at the hospital for one year as head nurse of a surgical ward. Early in 1899, Miss Dolliver went to the State of New York, and while there was head nurse at St. Luke's Hospital, New York City, at St. Luke's Hospital, Utica, and did private nursing for some three years. While doing private nursing, Miss Dolliver spent a year traveling with a patient in Europe. Upon her return to New York City, she took a course at the School of Philanthropy at Columbia University. Returning to institutional work in 1897, Miss Dolliver became assistant to Anna C. Maxwell, at the Presbyterian Hospital, New York City. In 1899 she resigned, and accepted the position of superintendent of the Training School for Nurses at the Massachusetts General Hospital, Boston, which she held until 1909. In 1910, Miss Dolliver again went to New York City, and organized the Central Directory for Nurses. She held the position of Registrar there until 1914, at which time she returned to her home and remained until January, 1917, when she was appointed Assistant to the Resident Physician of the Massachusetts General Hospital, taking charge of the Phillips House, the new private wing, at 295 Charles Street. This position she held until a few weeks before her death. Miss Dolliver was a member of the Guild of St. Barnabas for Nurses, and of the Cathedral Church of St. Paul, from which Church the funeral services were held on August 12. Among the nursing organizations to which Miss Dolliver belonged were the Massachusetts General Hospital Alumnae Association, Massachusetts State Nurses' Association, American Nurses' Association, and the National League of Nursing Education. Sara E. Parsons, who succeeded Miss Dolliver at the Massachusetts General Hospital, has written in regard to

her: "It is impossible for me to express adequately the value of Miss Dolliver's services to our school. The school had practically stood still in its development for several years before Miss Dolliver undertook its leadership. I was trained under the old regime, when we literally had a 74-hour week for day duty and an 84-hour week for night duty. We received 22 lessons in nursing a year and as many lectures. Aside from a few demonstrations in invalid cooking, and a few lessons in massage, that was the extent of our curriculum before Miss Dolliver's day. We were graduated without experience in obstetrics, pediatrics, and operating room work. There were no graduating exercises, and no recognition of our social needs during training. Miss Dolliver's ten years were filled with progressive achievements. She introduced bedside clinics, affiliations for obstetrics, pediatrics, and the care of private patients. The Simmons College preliminary course, also the installation of an instructor for practical nursing procedures, were important features of her work. Graduating exercises and the initiation of student social activities were also due to her influence. Space is lacking in which to record all the development of the school under Miss Dolliver, but I must pay a tribute to her vision for the school; to her indomitable courage in promoting these educational advancements, while the difficulties of so doing can only be appreciated by one who has charge of a school in a growing hospital, making exorbitant demands upon the nursing department. At the same time, living accommodations were undesirable and insufficient to house the number of students required to carry on the new programme. Speaking as one of her successors, I will say frankly that few, if any, could have done what she did under the same conditions, and I appreciate that her work made mine possible and comparatively easy. The intellect, courage, and devotion that were expressed in Miss Dolliver's character and dedicated to her work will live through the lives and achievements of her students and will be her best monument."

Sally M. Johnson, one of Miss Dolliver's pupils, now Superintendent of the Massachusetts General Hospital School for Nursing has written: "Miss Dolliver,—of what do those who know her best, think? They think of a woman distinguished in appearance, possessing dignity, poise, and a charm of manner; of a woman loving the higher and finer things of life; of a woman devoted to and possessing a coterie of friends; of a woman doing her full duty as she saw it, and expecting others to live by the same standards; of a woman of keen intellect, who measured accurately the true worth of her pupils and of her co-workers;—in a word, of a woman who was 'sterling' in her personal qualities and in her relations with life."

Miss Maxwell writes of her: "No tribute that can be paid to the life, character and work of Pauline Loughurst Dolliver can fully express the influence she exerted over the nursing profession. Of a singularly upright and straightforward character, she combined with a New England conscience, a love for suffering humanity, rare judgment, fearlessness, and clear vision. In her work, Miss Dolliver early gained the confidence of the medical profession which was her staunch support. She was also fortunate in gaining for her own school, the Massachusetts General Hospital, co-operation of the committee for the advancement of nursing education in all departments of the hospital, thus establishing a model preparatory course of instruction. The student nurses who came under Miss Dolliver's influence in the various schools of nursing with which she was connected, speak in glowing terms of her keen sense of justice and her inspiring personality. She was to them a living example of the highest form of service, intelligent care of the sick. As a friend, Miss Dolliver has left a fragrant mem-

ery. Possessing a genial spirit, brilliant at repartee, gifted with the ability to keep ahead of the times, even amid many distracting responsibilities, she proved a delightful companion, and her friendship once given remained loyal to the end. As a devoted church woman, Miss Dolliver's spiritual nature was highly developed. Her work in connection with St. Barnabas Guild of Trinity Church, and her devotion to the services at the Cathedral of St. Paul gave her great pleasure. Her faith and courage carried her bravely through a short but fatal illness. For her, the song of triumph has begun."

The Board of Managers and the members of the Central Club for Nurses of New York City feel keenly the great loss it has sustained by the death of Pauline L. Dolliver, one of its charter and honored members.

Mrs. Harold T. Dunn (Cordelia Draper, St. Luke's Hospital, Chicago) at the Presbyterian Hospital, Chicago, July 11. Mrs. Dunn was held in the highest esteem by all who knew her and her loss is deeply felt.

Sophia Gallicher (class 1896, Lenox Hill Hospital, New York), February 6, in Lucerne, Switzerland. Miss Gallicher was one of the early graduates of the school who helped blaze the way and build the foundation for American nursing. Those who know her, remember her strong personality, conscientious care of the sick and suffering, her integrity and uprightness, when the day was twenty-four hours long. As a foreign-born woman, she gave the best that was in her. American nurses should treasure her memory and the tribute she paid to American nursing. The alumnae association adopted resolutions of appreciation of one who gave and served to relieve suffering humanity and resolved to cherish her memory.

Stella Hall (graduate of the Philadelphia General Hospital) August.

Frances W. Moeschon (class 1915, Lenox Hill Hospital, New York) September 7, 1918, in Paris, France. Miss Moeschon's body was brought home during the last week of August. Miss Moeschon did private nursing until called for duty by the Red Cross to Camp McClellan at Anniston, Ala., where she remained from early winter, 1917, to the summer of 1918. She arrived in France in August and was on duty near Paris until she fell ill with pneumonia, five days before her death. The alumnae association adopted resolutions in honor of one who gave her life in the service of her country, recommending that her name be placed upon the roll of honor, that a record of her life and work be made and kept as alumnae property, and that her memory be treasured.

Catherine Neafsey (graduate of the Memorial Hospital, Newark, N. J.) September 10, at Newark, after a long illness. Miss Neafsey was one of the earliest officers of the New Jersey State Association. She had been registrar of a nurses' home for twenty-three years.

Anna Bommer (student nurse, Sacred Heart Hospital, Eau Claire, Wis.) on August 17, after a few days' illness. When requiem high mass was celebrated, relatives, Sisters, companions and nearest friends paid a last tribute to their friend.

Margaret M. Ryerson (class 1896, New York Hospital) on August 19, at the New York Hospital, after a long illness patiently borne. Miss Ryerson had been a private nurse until the past few years, when she became a social worker for the American Telegraph Company. She cared for Rudyard Kipling when he was ill in this country. She will be greatly missed by a large circle of friends.

Emily M. Smaling (Jefferson Medical College Hospital, Philadelphia) Chief Nurse, U. S. Navy, died suddenly at Great Lakes, Ill., as a result of an accident. Miss Smaling has been in the Naval Service for several years. She was loved by

all who knew her and her many friends will be deeply grieved to hear of her death.

Betsy D. Speight (class 1900, Methodist Episcopal Hospital, Brooklyn) August 9, after a short illness.

Sister Margaret Sporber (Deaconess Hospital, Cincinnati, O.) June 11. Sister Margaret served unselfishly for twenty years in various departments of the hospital. She leaves many friends to mourn her death.

Margaret Eleanor Stanley (class 1896, Johns Hopkins Hospital) at London, Ontario, September 4. Miss Stanley was born at Prospect Hill, Ontario, March 25, 1855. After graduating from Johns Hopkins, she remained for a year as night superintendent and then went to North Adams, Mass., as superintendent of the North Adams Hospital, remaining in that work for six years. Within a year after leaving North Adams, she received an urgent call to her old home town, London, Ontario, to be Lady Superintendent and Principal of the Nurses' Training School, Victoria Hospital. There she worked with great zeal and success for fifteen years, resigning on April 1st, of this year, on account of ill health caused by an accident while attending a nurses' convention in Toronto. Every day of her nursing life was marked with efficiency and faithfulness; her example and teachings will live on in many of her graduates. Few nurses can claim an unbroken record of active service for quarter of a century. The Good Master dealt kindly in that she was spared a long period of inactivity, but it is a sorrow to lose one whose ideals and teachings have been of such value to the nursing profession. Many will cherish the memory of Miss Stanley as a co-worker and friend.

BOOK REVIEWS

THE A, B, C OF EVOLUTION. By Joseph McCabe. 124 pages. G. P. Putnam's Sons, New York. Price, \$1.50.

The author has undertaken the very difficult task of presenting so vast a subject as Evolution briefly and simply so that it will be understood by the every-day man or woman. The book assumes no definite knowledge of science, very skillfully avoids the use of technical terms, and is indeed what the writer calls it in his introduction, a "primer" on Evolution. The book begins with a description of the universe, tells vividly how the earth gradually took form and became able to support living matter. The first half of the book covers the evolution of life during the Archaean and Paleozoic eras. The origin of man and the development of the human family is touched upon all too briefly in the last three chapters. The book holds the interest of the reader but is at times disappointing in that statements must be very general in character and detailed explanations are omitted for lack of space or because of the limitations of the reader for whom it was intended. The work will prove a useful one in the libraries of schools for nurses. It is suitable for use as a text in a very brief course on evolution and, although too elementary to serve as a reference book, it will prove very interesting supplementary reading in the study of Biology.

Abbie Roberts, R.N., Rochester, N. Y.

WHAT TO DO IN CASES OF POISONING. By Wm. Murrell, M.D., F.R.C.P. Twelfth edition. Revised by P. Hamill, M.D., D.Sc., F.R.C.P. Published by Paul B. Hoeber, 67-69 59th Street, New York. Price, \$1.25.

This little book (it measures only 3¼ by 4¼ inches) opens with the sentence, "If sent for to a case of poisoning, go at once—the patient's life may depend on your prompt attendance," and although written for the physician, contains much that is of value to the nurse. The author is English and wrote primarily for English readers, hence the symptoms and treatment of poisoning by many proprietary and patent preparations with which American readers are unfamiliar are discussed. Some of the sub-headings are: The Classification of Poisons, Emetics, The Stomach Tube and Multiple Antidotes. Some fifty pages are devoted to discussions of chronic poisoning, as that from alcohol, chloral and other drugs, and such forms of industrial poisoning as those of brass and lead. It is quite literally a useful "pocket edition."

TRANSACTIONS OF THE ELEVENTH ANNUAL MEETING OF THE AMERICAN CHILD HYGIENE ASSOCIATION. Price, \$3.00, plus postage. American Child Hygiene Association, 1211 Cathedral Street, Baltimore, Md.

For a review of this valuable material, see the Department of Public Health Nursing, page 114

FASTING AND MAN'S CORRECT DIET. By R. B. Pierson, Construction Engineer. R. B. Pierson, 19 South LaSalle Street, Chicago, Ill. Price, flexible cloth binding, \$1.75.

The author and publisher of *Fasting and Man's Correct Diet* is not a physician. The book is based on the writer's personal experience in the search for health, and gives a detailed description of the beneficial results of periods of prolonged fasting and the use of enemata in catarrhal conditions. The author has nothing good to say of allopathic medicine or the germ theory of disease, as he believes that germs are scavengers only and incapable of producing disease. Many extracts from public health literature on the importance of sanitation are used to support the author's belief in the treatments outlined, which, after all, is based on individual experience only.

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